

# Oral Hygiene

VOL. 31, NO. 12

DECEMBER, 1941

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Chart showing qualities of K Compound, as to two widely "Low Heat" c



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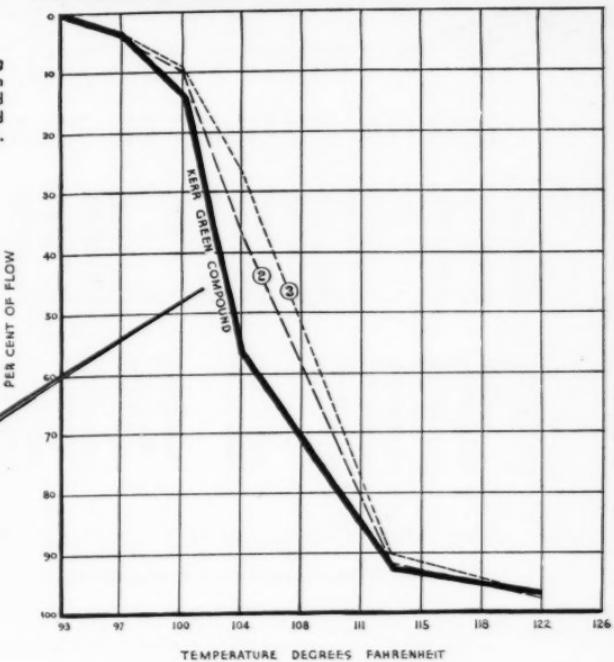


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THE ORIGINAL TOOTHPASTE FOR MASSAGING GUMS AND CLEANING TEETH

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## MISTAKE NOT THE SHADOW FOR THE SUBSTANCE

by Peter J. Swanish, Ph.D.

**Doctor Swanish warns that, although the best intentions in the world may underlie a particular legislative measure, the practical result for dentists may be something far different from that expected.**

THE STATISTICS OF unfitness of large numbers of our young men examined for military service appear on the scene at a time when the fate of our national defense program depends upon the way all of our human resources are employed. These statistics have focused the attention of the nation upon what appears to be an appalling waste of its man-power resources, contingent on ill health. With each change in the gravity of the situation which confronts us, resistance against any measure that is invoked to mitigate this loss, grows weaker. Out of these elements are readily fashioned the rubrics to our lawmakers to introduce measures in-

tended to bring about a change in the organization of dental and medical practice.

Last January, Senator Arthur Capper, in pointing to the great national hazard that illness represents declared that the "need for a 'comprehensive' health insurance program, obvious for many years, is especially critical today because the nation's health is paramount to any program of national defense . . . it is strikingly given to us at this very time when our young men, the flower of our manhood, are being rejected from military service at a shockingly high rate."

The significance of all of this is that if one starts off with the assumption, one which is readily accepted all around, that human resources are a matter of governmental concern in a high emergency, it is easy to accept the assumption that this same matter is of urgent concern in peacetime, for as the world moves today, the line which divides peace and war is

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shadowy indeed. Further, there can be but little doubt that in the rebuilding of the world after this war, human values and institutions to give such values reality in everyday life will play a much larger role than ever before. The enactment of measures to extend the security of masses of men and women will be much easier than in the past.

Legislation usually represents crystallization of official or economic imperatives. The "imperative" is apparently here, at least the statistics of unfitness so indicate. That the demand for legislation to supply this need will be listened to receptively seems to be assured. This is merely another way of saying that "the die is cast." The important thing, it appears, would be to inquire into the nature of the die that is to place its impress on the present organizations of medical and dental practice. If the trends abroad are at all significant (and let it be noted that in Great Britain there has been a steady growth of governmental responsibility for the organizing and providing of medical care during the last twenty years) then governmental action of one sort or another to meet the medical and dental problem would seem to be at the periphery of practical realization.

A particular piece of legislation may appear to be insignificant enough on the surface but, in these days when the legislators are likely to indicate the mere outline of what is wanted and to define policy in the broadest sense only, leaving to the administration the responsibility

for filling in the details of a particular law, the administrative implications of any particular legislation would seem to be the crux of the whole matter. Never before has the necessity for careful study of how a piece of legislation may actually affect the individual dental practice been more important than today.

To elaborate the ideas already set forth one can use the administrative sections of the Revised Model Health Insurance Bill of the American Association for Social Security as an admirable instance in point. Under this proposal, a Health Insurance Board composed of the health insurance commissioner of a state and thirteen members designated by the Governor with the advice and consent of the Senate, would be created. This Board would have, among other duties, the power to establish standards of administration, to make rules and regulations required for administration, to supervise and to make inquiries into the administration of health insurance, and many other duties and powers too numerous to mention here. The real job of administration in this model bill is left to an officer called Commissioner of Health Insurance. The important point here is not the number of Board members, nor the enumeration of powers of the Commissioner or of any other officer. What is extremely significant is the fact that dentists and physicians will be obliged to watch the actions of the Board and of the administration to

ascertain their rights and any part of the further administration of pressure at the same groups as such a plan expense of the cost of health better compensation to drive persistence in relations functional and path of in administration incessantly frequent turning of institutions is that the side night or ponder the actual

December, 1941

ascertain their relative position, their rights and responsibilities, at any particular point in the development of the administration.

Further, the moment the administration swings into action, hordes of pressure groups will go to work at the same time to capture for their groups a relative advantage, though such a position be gained at the expense of everyone else or even at the cost of sacrificing the purpose of health insurance. Do we need a better example than unemployment compensation in this country today to drive this point home? The persistence of pressure groups, seeking relatively more favorable positions for themselves in any institutional arrangement, is perhaps one of the most serious obstacles in the path of professional performance in administration. More than this, incessant tugging and pulling on the part of pressure groups not infrequently result in twisting and turning an otherwise praiseworthy institution into a thing of questionable social worth. The end product is that the public-at-large is left on the sidelines. The use of much midnight oil by dentists and physicians pondering the probable effects of the action of these forces upon their



Peter T. Swanish, Ph. D.

own positions in the new order of things should yield results. Not the gloss, but the stuff of which administration is made—this is the important consideration. Mistake not the shadow for the substance!

6527 Glenwood Avenue  
Chicago, Illinois

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### *Speaking as a Patient—*

My dentist is either warm-blooded or cold-blooded, and seems to disdain a normal room temperature. On an overly-invigorating day he has the windows open wide, and literally seems to beat his chest in reverence to the out-of-doors, while I cringe in the chair. Or, he has the heat on full blast, withering even the fresh flowers in the reception room.

December, 1941

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# IT WAS SAID AT HOUSTON:

**By Harlan H. Horner, Secretary of the Council on Dental Education of the A.D.A.:**

America's dental colleges this year have the largest enrollment in fifteen years, 8,371 students enrolled in the 39 dental colleges, compared with 7,720 last October. The present enrollment of 2,492 first-year students, if repeated for the next three or four years, will give us a supply of new entrants to the profession which will restore the former ratio of dentists to the population. This ratio during the last decade has decreased for the first time in the history of organized dentistry in this country. It is now one dentist to every 1,830 persons; in 1930 it was one to 1,728; in 1810 it was one to 144,800. The 1941 graduating class numbered 1,550, the smallest in 44 years, while it has been estimated that it would take at least 2,250 graduates each year to meet the loss by death and retirement and the anticipated increase in population. The present enrollment gives abundant proof that the downward trend caused in part by the new educational requirements has been wholly overcome.

**By Emmerich Kotanyi, Houston:** "The importance of the loosening of the teeth as a diagnostic sign in connection with cancer of the jaw is still not enough recognized, and is often not mentioned, although a number of ref-

erences and my personal experiences with many hundreds of cases of cancer of the jaw have taught me the importance of this sign."

**By L. R. Main, Saint Louis:**

"Most practitioners use X-ray information, but some of us may not realize the true value of this adjunct in operative procedures. There are three weaknesses observed in films sent us for interpretation. One is that not enough exposures are made of a questionable tooth or area. A second is a tendency to foreshorten the image on the film. The third lies in having a film so dense that minute information is not revealed. Any of these makes it impossible to realize the real value of the Roentgen-ray as an aid to diagnosis."

**By Dorothea F. Radusch, Minneapolis:**

"A diet completely lacking in vitamin C will produce extensive inflammation of the gums . . . Keeping cooked vegetables warm, as is done in many restaurants, causes a large loss of vitamin C, as do refrigeration and re-heating of cooked vegetables. There is some loss in the blanching and preparation of foods for freezing, but freezing itself causes no loss. There is little loss of vitamin C in tomatoes during home canning, either hot or cold pack, but there may be 30 to 60 per cent loss during six months' storage of the canned product."

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**By George R. Warner, Denver:** There are no characteristic symptoms from the vital tooth with an infected pulp: Tests may be normal, as the pulp, often, is not destroyed; pain or its absence is not a safe indication; and, although the X-ray is the best diagnostic aid, it may fail to disclose anything amiss. It would seem that, because of the potentialities for serious disturbance elsewhere in the body from infected vital teeth, we should try to determine if vital teeth, about which there is any doubt, are diseased.

**By Frank F. Lamons, Atlanta:** "Children do not make the good dental patients after school hours that they do during morning appointments when they have been taken out of school and are fresh. To excuse a child from school for dental service emphasizes the importance of dentistry as a health measure, both in the mind of the child and in that of the parent."

**By Kenneth A. Easlick, Ann Arbor:** "All who have not attempted seriously to do operative work for small children will be helped if they are taught to think of the pre-school patient as a personality with twenty teeth, who behaves in accord with the experiences in his family and neighborhood background. Too often the operator is prone to focus on a single tooth, restore it, and in so doing forget about and damage an entire young personality.

"Most adults need a reminder

concerning the social maturity of young children. Dentists often are surprised to learn that the right approach to the small patient can deal with his curiosity, not above, not below, but on his level of social maturity. Alert dentists note also suspicious symptoms in postures, head shapes, facial and mouth conditions, and malformations of extremities. Referring the patient to the physical specialist will make a contribution, perhaps, to a sturdier race."

**By C. Harlan Blackstone, Iowa City:**

"Mouth surgery including extraction of teeth is not advised in the diabetic child whose diabetes is not under adequate medical treatment . . . From the study of 188 young diabetics following strict dietary and insulin treatment it may be concluded they will not develop bone and tissue disease due to diabetes itself."

**By Francis W. Nash, Scranton:**

Parents hamper the dentist by stipulating that dental service must not interfere with the child's school work, for a dentist cannot achieve best results when his young patient is tired, or non-cooperative. If all children's service is to be given outside of school hours, the 63,000 general practitioners in the country are too few to do the work that should be done. It has been estimated that 27,531,000 patients of all ages were treated by dentists in the year 1929, whereas the child population alone (ages 3 to 14 inclusive) was 29,377,504. Only a part of the child population

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could be cared for, if the present pace of dental appointments with the present number of dental practitioners should be maintained. It is believed that a bold but dignified statement to parents, teachers, and school officials by the dentist of his position, of his need for time to care properly for children dentally, will lead to cooperation from these people.

**By Holmes T. Knighton, Louisville, Kentucky:** A toothbrush is not nearly as efficient in cleansing the entire mouth as is a fairly firm, chewy apple, taken in generous bites that require considerable masticatory exercise. In 210 tests made on ten subjects over a period of ten months to determine the relative cleansing efficiency of various agents and foods, the apple, 180 to 200 grams of it, won by a slight margin over 200 grams of sliced orange; the percentages being 96.7 to 95. The rating for paraffin was also 95, its volume remaining constant, whereas the foods steadily, and rapidly grew less in size as they were being consumed. Eating 65 grams of a chewy candy bar rated 93. Chewing gum showed to a disadvantage alongside the paraffin, because it steadily decreased in bulk, making the gum percentage but 82.7. Eating 150 grams of ripe banana rated only 72.5 per cent. The three-minute brushing of the teeth, using tooth paste, and followed by rinsing with 150 cubic centimeters of tap water, rated only 64.3 per cent of efficient mouth cleansing. The fact that loose yeast particles were well scattered

over the mouth and not merely on the teeth probably accounts for the relative inefficiency of the toothbrush.

**By Edward Taylor, Austin, Director, Dental Division, Texas State Department of Health:**

Not only have oldtime inhabitants of Deaf Smith County, Texas, long enjoyed freedom from tooth decay, but in that region the elements of climate, water, milk and edible products of the soil are such that newcomers likewise experience improvement in dental health. Upon a cross-section superficial examination of fifty-six people, chosen at random from homes in Hereford and surrounding territory in two directions, forty-three were found to be native-born, continuous-resident people. Not one single carious tooth or restoration was found in the dentition of the forty-three native people, ranging in age from two years to past middle age . . . Indications are that all vegetables, dairy, and meat products of the area are high in the elements so necessary to building and maintaining tooth tissue. Every rural and many of the urban homes have one or more windmills drawing water from a depth of 70 to 80 feet—water that has abundant fluorine and calcium.

**By B. C. Kingsbury, San Francisco:** "The working jaw exerts, on the average, about 180 pounds pressure per square inch on the passive jaw. That force, exerted 3,000 times a meal, three meals

(Continued on page 1563)

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# PURELY PERSONAL PEEVES

by Dian Gardner



**Into the life of every dental assistant must come some annoyances, and Dian Gardner has her full share.**

MAYBE I GOT OUT ON THE WRONG SIDE of the bed this morning—the side nearest the wall. Or maybe it's because I've agreed for the umpteenth time today that it is indeed lovely weather we're having, really too nice to stay inside. (Too nice to stay inside a dental office is what they mean.) By "they" I'm of course referring to our bread, if not our butter. In other words, our patients. Some of them are swell. Others are—well, they're the ones I'm going to gripe about—

dentist is married, has two children, and does not, at least to my knowledge, beat his wife. He spends his vacations at the North Shore, and his family *always* accompanies him. He owns his own home, and is not contemplating a new one. He has been practicing eighteen years, and has been married fifteen. He takes care of most of his relatives' dental service—not always an unmixed pleasure. Oh my yes, he's a very congenial employer. Additional questions ten cents an ask.

Some day I'm going to distribute mimeographed sheets containing these answers—maybe.

Then there are the *child-lovers*. (Their own children, of course.) My dentist and I are daily expected to go into "delirium tremors" over the brattiest little specimens of humanity imaginable. Youngsters

First on my griping list comes the *snooper*. The snooper thinks that because she's paying hard cash for a gold inlay she has a Heaven-born right to ferret out just about everything concerning the inlay putter-inner. And who should know more about him than his assistant? For the benefit of these gimlet-eyed questioners, my

December, 1941

who would never dream of asking the milkman or the barber for parts of their equipment are continually coaxing for mouth mirrors and polishing disks and Heaven knows what else. (One even wanted the chair.) And as for the samples—well, things have come to a pretty pass when a dental assistant has to buy her own toothpaste! Most of them, I think, are suffering from a bad overdose of child psychology—freckle-faced demons who, twenty years ago, would have been plunked into the chair and told to open up with no ifs and ands about it, are now beguiled with sweet nothings for minutes on end. My dentist prides himself on his "way" with children. My "way" would be a few hard paddles, in a place where it would do the most good!

How many amateur salespeople have you among your patients? You know, the ones whose pockets are always loaded with chances on quilts and tickets for church suppers? They watch the magazine

rack too, and are always ready to renew a subscription for you, as soon as it comes within a year or so of expiring.

Somehow or other, these same pests are the ones whose brothers-in-law are continually out of a job. "If you hear of anything, Doctor—you come in contact with so many people." My dentist doesn't know the brother-in-law from Adam, and has no idea what kind of a paper-hanger or roofer he is. But what difference does that make? After all, what good is a dental office if it can't run a little non-profit employment agency on the side? Sometimes it's a house for sale—dirt cheap. "All modern—don't forget to keep it in mind, Doctor." And my dentist, who may have a house of his own to sell (and who hasn't), nods obligingly.

And speaking of magazines, I have always particularly loathed the *magazine swiper*. That's all it amounts to, even though she (it's usually a woman) does ask for it



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## ORAL HYGIENE

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ever so nicely. The story is *so* fascinating, and she knows she wouldn't sleep all night if she didn't know the ending. This would be a dreadful calamity — almost as dreadful as if she had to put down a quarter at the newsstand for a copy of her own. I have always meant to ask my dentist why he doesn't tack the price onto the bill, but I don't suppose he would. Professional ethics or something.

The  is also usually a woman. And she has *so* many troubles. Junior fined again for speeding, and Dad laid up with pleurisy. Sister Sue on a rampage, insisting on staying out until past twelve o'clock. World-wide events, neighborhood scandals, the family insubordinations are invariably summed up in one scintillating phrase. She "doesn't know what the world's coming to." And what morbid delights she gets out of uttering it—

We are all too well-acquainted with the *knocker*. The knocker's mind works in a mysterious way—if it works at all. He seems to think that by belittling all the work previously done in his mouth by other dentists, my dentist will think he's a great guy, and maybe shave a little something off the bill. He will point a scornful finger at some bridgework done a short time before the War (War I), and explain patronizingly that what old Doc Molar (he always insists upon telling the name) didn't know about



dentistry would fill a book. Look at it, crumbling already! No sir, my dentist's the man for him from now on. And he will be too, until the fifth or sixth statement of his past due account goes out.

And not the least of my peeves is the *gusher*. The gusher labors under the delusion that everything in the office is too, too divine. She coos at the grubbiest babies, chats cozily with the goldfish, and invariably calls me "dearie." My dentist of course is inspired by his profession, and I no doubt work for the fun of it. She gazes at bleeding gums and more or less gory instruments—and sees poetry. To her the scent of romance is mingled with the phenol. How she does it I don't know. It must be a gift.

Yes, as I told my dentist just the other day—patients may come and patients may go, but the peeves go on forever. Not a brilliant statement, perhaps—but a truthful one.

# PLEASE REMIT—OR ELSE!

by Jacob L. Chivian, D.D.S.

**Among the many pitfalls for a dentist in dealing with collection agencies, Doctor Chivian warns of the clauses in small type, the "bad actors" that may bind the signer to an all-inclusive, watertight contract that permits the agency to garner 100 per cent of all the money collected.**

"I'M SORRY, DOCTOR BLANK, but our credit manager tells me that until further notice your purchases will have to be made on a c.o.d. basis. Will you have a check ready when our messenger delivers your order this afternoon?"

This message, repeated altogether too frequently by most dental supply houses and laboratories, has shocked many dentists into action in an endeavor to raise ready cash. Overdue accounts on the books cannot be used to pay current bills. "Cash and carry" may be all right for buying groceries at the chain store, but it is "n. g." as a credit rating with dentistry's twin pillars, the laboratory and the supply house.

I shall not here attempt to analyze the many factors tending to make up this sorry picture. Let us consider the "fait accompli." Here we have a dentist, fairly busy and with more or less "money on the books" in unpaid balances for services rendered—including prosthetic services and a laboratory charge. What to do about these

uncollected accounts receivable?

After the usual office methods for collecting these overdue accounts have failed, as a last resort, in an attempt to salvage a little something from the wreckage, a list of debtors is turned over to a collection agency for action.

Obviously, there are good and bad collection agencies, with all gradations from the honest, efficient, reliable ones to the dishonest, inefficient, "fly-by-night" variety. What factors should be considered in choosing a collection agency?

Racketeers can easily slip into the collection agency field. To cite only one example from the records of the Attorney-General of the State of Massachusetts: "Six years ago, there were more than four hundred fifty collection agencies in this state, doing an annual gross business of \$50,000,000. Upon investigation, 81 per cent of these agencies were discovered to be fraudulent or illegal. Result: four hundred four of the four hundred fifty agencies have been closed by court order or otherwise persuaded to

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move on to new pastures outside the state."

In the "American Directory of Collection Agencies," 1940 edition, the following advertisement appears: "Have a very profitable, lifetime business of your own, which can be quickly learned and started, from your home or office, whole or part time. Our inexpensive course prepares you quickly at slight expense. Special price to those already in business. Send for Free Folder."

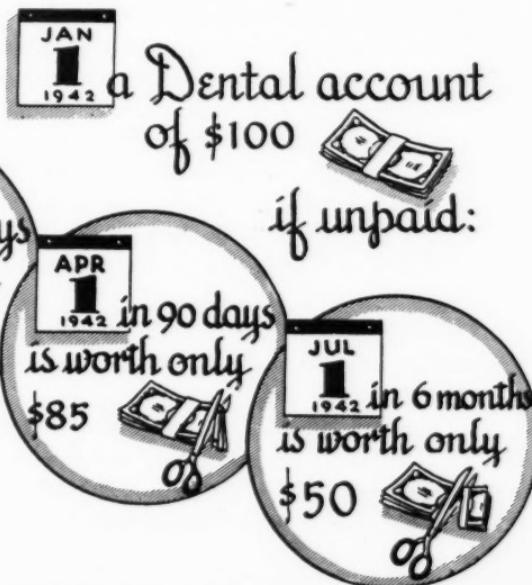
The collection of overdue accounts, involving either large or small balances, after our professional services are completed, is a difficult task. Two important factors must always be considered—the collection of all or the greater part of the money owed and the maintenance of the good will of the patient, bearing in mind the value

of services rendered in the past and the possibility of future services and recommendations of family and friends in the future.

The most successful agencies in the country are not the dishonest ones but those, in the majority, whose honorable dealings and efficient methods permit them to work with you on an open, above-board policy.

Before turning over any of your bad accounts, investigate the reliability and efficiency of the agency.

Do not deal with agencies whose headquarters are out of the state. No control by any governmental agency in your state may be found to protect you in case of trouble. Find out from your state authorities what supervision is exercised over collection agencies. Double check with your Better Business



## SELECT THE RIGHT AGENCY

Find out how long the agency has been in business, in order to guard against the inefficient, "fly-by-night" type of absconding agency.

An agency whose chief aim is to secure payment of the amount due and thus receive its commission speedily, may resort to harsh, forcible methods, both veiled and open.

Find out from your agency the procedure followed in collecting accounts successfully, since it is easy for an unscrupulous agency to conceal the real condition of an account. Responsible, honorable agencies follow a definite routine in trying to effect payment from an honest debtor or from a dishonorable, professional "dead-beat" delinquent.

See if the agency tries to conserve the good will of the patient by carefully-worded correspondence in sequence from mild to strong, by telephone, telegraph, and personal calls before turning over an account to an attorney for final disposition by due process of law.

Find out if your agency remits promptly the money collected. Some agencies, with poor business methods, retain your share of the funds unduly long. Occasionally, court orders are necessary to insure your collections from a slow-paying agency. In the mercantile field alone, it has been estimated that creditors are losing over a million dollars a year, because some of the agencies fail to account properly for and remit money collected for their clients.

Investigate the financial set-up of the agency selected. Do not rely implicitly upon the statement furnished by the company. A reliable credit reporting company should be engaged for an estimation of the agency's reliability. If sizeable accounts are turned over to an agency, a few dollars invested in buying the best credit report obtainable is a wise precaution.

Beware of the solicitor for a collection agency who offers to trade ready cash as a relief from collection worries in exchange for your list of uncollected accounts. Philanthropists rarely enter the collection agency field.

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Bureau and Chamber of Commerce. On the whole, there is better regulation of collection agencies in our western states than in the Middle West or East. In California, agencies are examined and audited twice yearly by the staff of the State Superintendent.

Do not be misled because an agency boasts it is bonded—usually it doesn't mean anything. Most collectors of money file a bond with the Secretary of State. Many laws, however, do not provide a penalty for not filing a bond. A complaint, made to the Secretary of your state against a company for non-performance, may bring a reply that no state office or agency has jurisdiction over the collection agency involved.

#### Examine Your Contract

Ask every salesman or representative of a collection agency to furnish you with a copy of the contract to examine and study before signing.

Beware of the clauses in small type—these are the "bad actors" usually found at the bottom or on the back of a contract. Only an expert in the law could interpret some of the ambiguous, misleading clauses. Small print may bind you to an all-inclusive, water-tight contract full of tricky legal phraseology, which permits the agency, by a strict interpretation, to garner 100 per cent of all money collected.

Do not make a blanket assignment of accounts to an agency, because you are then saying in effect, "The accounts are no longer mine—do with them as you see fit."

Be careful not to consent in writing to pay the full commission charge upon withdrawal of an account, whether anything has been collected on it or not.

Low collection rates are quoted as a lure to snare dental accounts into a doubtful agency. No honest collector can collect at absurdly low rates and remain in business. Trick rates may be advertised, but usually it is impossible for the dentist to benefit by them, because most debtors repay in installments, and the microscopic clauses in the contract read that installment payments are returned at a rate of 50 per cent off. Most dentists are too trusting in examining the charges on the itemized statements submitted by the agency.

Beware of those agencies claiming to give reports regularly as to the progress of your accounts. A *statement* is a report of collections made by the agency, plus a remittance to the dentist of his share of all money collected. A *report* tells only the status of various accounts.

It is advisable to retain the final word on the disposition of an account until all friendly means of securing payment have been tried and until the dentist feels it wise to sever all future relations with the patient.

Do not pay for listing each account. If you do, you may receive a report as follows:

Listing (or service) charge for 100 accounts at 50 cents per account	..... \$50.00
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Less collections received

by us .....	40.00
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Balance due us .....	\$10.00
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After a list of delinquent accounts is turned over to a too ambitious, illegitimate collection agency, dunning letters are sent to each debtor. Naturally, very few, if any, accounts respond to the first letter. The next procedure is for the "court costs" department of the agency to investigate and "price" each claim; that is, the amount each debtor would be asked to pay for court costs to prosecute further the collection of the claim.

Sometimes purely fictitious statements regarding good positions, bank accounts, and other assets, including property possessed by the debtor, are used to convince the dentist that suit should be started immediately. Upon payment of court costs, in advance, frequently no legal action is taken, and the dentist is "out" more good money thrown after bad.

Collection agencies often succeed in securing payment of an overdue account after the dentist fails to do so, because the debtor is not quite sure as to what legal action may be taken. His unfamiliarity with agency methods, whose consequences are thus magnified, brings the seriousness of the overdue account home to the debtor patient. The futility of further pleas for leniency and delay is realized when a third party becomes interested in the account.

Delinquent patients often hasten to make direct settlement with the dentist, upon notice from a collection agency, because agencies are sometimes associated with harsh methods and unpleasant experiences.

Dentists should not allow the use of their names in collection agency advertising literature. If an agency uses dentists' names as bait, the agency is not of the highest type. Frequently, dentists' names are used without permission.

Raise your eyebrows when viewing an agency letterhead, which boasts that it is a cooperative agency of physicians and dentists of such and such a county, founded for the purpose of mutual protection against the unwise extension of credit.

#### Time Kills Overdue Accounts

Here's a record that shows you how your past-due accounts slow up to a virtual stop. It is used by many accountants and statisticians as a base for appraisals in evaluating accounts receivable.

Based on a U. S. Bureau of Credits survey, it demonstrates that your chances of collecting are reduced 10 per cent after a bill has gone unpaid sixty days; 15 per cent after ninety days; and a full 50 per cent after six months. An account one year overdue has definitely soured. Neglect or a too liberal credit policy tends, in such cases, to lop off 70 per cent in terms of collateral value—all of which is an excellent argument for making your early collection efforts hit the spot.

A successful wholesale establishment has an advertising maxim, "We insist upon selling the best merchandise and upon getting our money." Its policy is to insist upon payment at the time it falls due. When a customer shows signs of

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becoming chronically dilatory, orders are refused until past payments have been met. And if occasion demands, the customer is kindly told to purchase elsewhere. The collection losses are a ridiculously small fraction of 1 per cent.

As with all other successful business ventures, the continued success of the ethical collection agency depends upon its reputation for

honorable, reliable, efficient dealings with the profession.

There are too many reliable agencies rendering valuable services to our own profession to permit an overdue account to be turned over to an unknown, untried concern.

99 Shanley Avenue  
Newark, New Jersey

#### IT WAS SAID AT HOUSTON:

(Continued from page 1554)

a day and 365 days a year . . . is, unless all parts are performing harmoniously, capable of causing tissue destruction. If we only have a few teeth doing the work of all, the result most often becomes disastrous.

**By Paul M. Bassel, Temple, Texas:** After the reserve force of the heart is once taxed, time should be allowed for it to be replenished before a second effort is made. Muscles and nerves must also be given time for recovery after the exertions and tensions of the week. Nerve tension, which may be the result of worry, throws a strain on the heart muscle and taxes the reserve force of the heart. It is

just as important to relieve one of nerve tension by certain types of relaxation as it is to avoid violent and strenuous physical activities. There are few dentists who spend their weekends to advantage; that is, recovering from the cumulative nerve tension that piles up during the week. The type of activity recommended must be individual—golf is a form of relaxation to a large number of dentists, but for others it increases the inability to relax. People who regularly take a short afternoon rest say they have eliminated palpitation. Heart disease is a penalty of obesity. Breathlessness is usually the first symptom of stress on reserve heart force.

#### Dental Meeting Dates

Dental Protective Association, annual meeting, Palmer House, Chicago, December 15.

Women's Dental Society of New York, regular meeting, Hotel Pennsylvania, New York City, December 17.

Rhode Island State Dental Society, sixty-fourth annual meeting, Providence Biltmore Hotel, Providence, January 14-15, 1942.

# RADIO EXECUTIVE

## ASSIGNED TO NAVAL DUTY

**A dentist, a director of CBS, will aid the radio division of the national defense program.**

DOCTOR LEON LEVY, former dentist, now president of Philadelphia's foremost broadcasting station, WCAU, and director of CBS, has been assigned to active duty with the United States Navy as Lieutenant, in charge of radio for the Fourth Naval District.

Following his graduation from the University of Pennsylvania in 1915, Doctor Levy spent 10 years as a general practitioner in Philadelphia, except for the time, during World War I, when he was on active convoy duty with the United States Navy. While maintaining an active interest in dentistry, Doctor Levy became fascinated by the rapidly developing field of radio, stimulated perhaps by his basic knowledge of science acquired during his dental course.

In 1925, his interest in this field became dominant, and he retired from the dental profession to devote his entire time and energy to station WCAU. Under his competent leadership, the station, which was then operating with 500 watts power was increased to 1,000 watts in 1928; 10,000 watts in 1930; and in 1932, a new and modern transmitting station with 50,000 watts

was dedicated by Herbert Hoover, then President of the United States.

For his work on this new transmitter, the Pennsylvania Military College awarded him the honorary degree of Doctor of Science in 1933. During these years, his activity in the radio field, however, was not confined to Philadelphia alone. His foresight into the future of chain broadcasting was keenly felt by the Columbia Broadcasting System, of which WCAU was a member. WCAU was one of the 14 original CBS stations, all of which were located east of the Mississippi river. Early in 1928, Doctor Levy became interested in the operations of this new network, and later that year, he was elected Secretary-Treasurer. In this capacity he devoted much time to the successful reorganization of that system; thereby building the foundation for the present coast-to-coast network of CBS. Two years later he resigned that office to become a member of the Board of Directors, a position which he still holds.

Last August WCAU moved its main transmitting plant from Newtown Square, Pennsylvania, to Moorestown, New Jersey, where

modern equipment old site the hut sold to WCAU patent new transmitter, early i

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*Leon Levy, D.D.S.*

modern 50,000 watts RCA-Victor equipment has been installed. The old site has been abandoned and the huge 500-foot transmitting tower pulled down and the steel sold to defense industries. Station WCAU, under Doctor Levy's competent guidance has constructed a new frequency modulation transmitter, which was put in operation early in November.

An earnest advocate of the use of

radio in the promotion of health, Doctor Levy, in cooperation with the Philadelphia County Medical Society, pioneered the fight on social diseases through this medium. Now, because of his extensive and valuable knowledge of radio, and particularly short-wave broadcasting, which he helped to develop in the past decade, he is on active radio duty, stationed at Philadelphia.



## ARE SUBSIDIES AN ANSWER?

by Allan D. Wintner, D.D.S.

THIS ARTICLE IS offered in rebuttal to Doctor Stanley C. Brown's article in *ORAL HYGIENE*, Dentistry Needs A Subsidy.<sup>1</sup> The suggestions offered in his article are excellent and deserving of further study and development. Doctor Brown relates the steady decrease in the number of dentists to the large percentage of dental defects discovered during selective service examinations. He points to the increasing cost of dental education and equipment, and also to the uncertain and tardy remuneration the practitioner receives. He feels that many prospective students are turning to endeavors from which the returns are larger and more immediate, and those in which the cost of training is insignificant. The article suggests, therefore, that the Federal Government assist these students, either through loans or direct subsidies, to secure their education and equipment.

With these suggestions and their factual foundation few dentists will disagree. May I point, however, to the inconclusive nature of this solution? Doctor Brown feels that, since dental disease is so widespread, the proper remedy would be to produce more dentists to repair or possibly to prevent such disease. To accomplish this, federal subsidies would be granted to deserving young people who would then become the great army of dentists to lead the fight against the dental diseases of the nation.

It must be clear that these facts merely preface the discussion, and that the article is abruptly halted before the main problems have even been mentioned. Doctor Brown repeats what I believe is an error in the National Health Program of the American Dental Association. Both feel that the problem is only to get the patient to the dentist. Please remember that it has not yet been established whether the reported defects were the result of dental

<sup>1</sup>BROWN, S. C.: Dentistry Needs a Subsidy, *ORAL HYGIENE* 31:1143 (September) 1941.

neglect, or of inadequate or unsatisfactory dental care. It may be that our problem is not only to provide a greater amount of dental care, but also to assure a higher standard of dental service.

It can be said that not only do the majority of the people receive no dental care, but even in the case of those cared for, the dental service is too often neither regular, adequate, nor satisfactory. This statement could be upheld, were we to obtain qualitative analysis of selective service statistics, of public school examinations, and of the evidence seen so often by all of us in our own offices. The concern of the profession should be to make possible a higher standard of dental performance.

There is no doubt that almost every dentist is capable of performing a most acceptable type of dental service. Most dentists do now, or did when they began to practice, honestly desire and intend to render the best possible dental service. Economic considerations of the everyday variety soon necessitate repeated compromises. Each compromise does, with individual variations, further and further lower the original standard of practice. The eventual result is a view of dentistry so drastically altered that it would be unrecognizable, even to the dentist himself were he to see it with the eyes of his neophyte days.

So, Doctor Brown, let us by all means have more dentists. Let us use subsidies, if necessary, to facilitate their education and establishment in practice. It is certainly the

concern of the profession and the federal government to provide the basis for improved dental health. But first let us remedy the economic irritants common to dental practice today. Surely the mere production of new classes of dentists will provide no solution to the basic problem of improving dental services both in quality and in distribution. Of what value would their knowledge be, if they could not or would not use it? Their presence would be merely a kind of temporary stop-gap for relief of the immediate symptoms, while we searched for means with which to remove the cause and effect a more permanent restoration. Our duty is to make both the old and the new dentist more capable and more desirous of practicing better dentistry. Then, even without the army of new dentists, there would be fewer dental cripples, less disease.

These are my suggestions. Others will evaluate the same arguments and arrive at far different conclusions. I hope they will not hesitate to place their ideas before the profession. How else can we evolve a reasonable or representative program? Membership in the professions should imply a liberal outlook, a skeptic's refusal to be bound by tradition. In searching for a solution, the guides must be reason and not emotion; facts and not tradition. The solution is ours to find. If we fail, the penalty may be heavy.

1831 Murray Avenue  
Pittsburgh, Pennsylvania

**"I once considered my patients as inanimate objects and refused to show the slightest interest in their personal problems," says Doctor Raskin.**

## I AM NOW A HAPPY DENTIST

by William Raskin, D.D.S.

DID YOU EVER feel so exhausted that you just didn't care about anything when you finished a day's work at the office? Did you ever feel like suddenly screaming? Did you ever wish that the buzzer would never again announce the coming of another patient?

I used to have such reactions from time to time after a hard day in the office. A little analysis convinced me that my own antisocial behavior was causing this tension. I considered my patients as inanimate objects and refused to show the slightest interest in their personal problems. I worked in a plodding, methodical manner, with deadly seriousness. The stock market crash intensified my antisocial behavior. I worked with a deliberate vengeance. I considered each patient as a means of recouping my losses. I was living through a horrible nightmare. Suddenly the ten-

sion snapped—I felt myself swimming in a torrent of contrary tides and then I was put to bed.

The only thing I remembered for a long, long time was that I was tired—so very tired. My pent-up emotions had sapped my vitality and left me limp. Gradually I felt myself beginning to take note of things about me and, after a few days more, I really began to enjoy the attention that was showered upon me. All my complexes were gone and it was a grand surprise to feel comfortable and at ease again. Even patients called at my home to find out how I felt and later, when I thought of this, I realized how little I deserved their interest.

After a week in bed I went away to the mountains. The quiet and the vastness of space refreshed me. The majestic mountains seemed to surround me and give me courage. I



used to walk slowly on the lonely roads toward nightfall, and it was only then that I fully realized how small I was in contrast to Nature. What I had thought was so vital seemed senseless here, and gradually I began to feel ashamed of my years of grand delusion. My scheduled program began to slip into insignificance taking with it the bitterness of my financial losses. It somehow managed to balance the equation.

It was at last clear to me—the silly, callous artificial method I had adopted to make a success. I knew then that I had to discard all artifices and start over.

I would now act in a natural, carefree manner—by intuition not by rule.

There is no need of trying to describe the days of turmoil and inner excitement that I went through, until I finally completed the full draft of my metamorphosis. But there are a few things that I am sure helped to change me into a cheerful dentist who found real satisfaction in his work—some suggestions that I can make to other dentists:

1. Be understanding and human. Don't sell dollars. Learn to enjoy the personality of your patients. You will begin to see something more than their dental ailments.

2. Learn to be an actor. The show must always go on. Never let your patient know how you actually feel. Remember the patient didn't exactly relish the idea of having his teeth attended to with all its discomfort.

3. Make your conversation interesting and know how to laugh. It is remarkable to see what the knowledge of some kindred subject will do in bringing a patient and his dentist closer together. It is electrifying to watch a patient, who loves music, glow when you mention Beethoven, or a jitterbug swoon with pleasure at the mention of Artie Shaw or Glenn Miller.

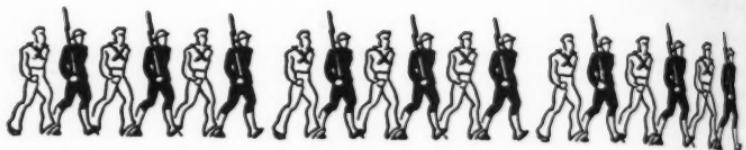
4. Why not, as I have done, make a study of simple little stories that can easily be told at the office, stories that have a laugh in them? I assure you it will comfort your patient to realize that you are after all a human being who has a sense of humor, albeit your work is at times so painful and irksome.

After trying out all these suggestions I feel much better. I am more animated. My spirits are higher. I work more easily and I am having a swell time in my practice of dentistry. I am now a really happy dentist.

9303 Sutphin Boulevard  
Jamaica, New York

### *Speaking as a Patient—*

The over-polite dentist annoys me. Why must he feel obliged to bow low, smile like a mannerly little boy—salaam in deference to me and my aching tooth? I'm a patient, desiring treatment, not entertainment.



## Military and Defense News

**This Dental Debate is Not New\***: The debate now being waged over the number of selective service rejections because of dental deficiencies is not new. During the Civil War the question of whether the enrollee could masticate his food or not was left to the judgment of the examining surgeon. Surgeons, at that time, many of whom had teeth missing, seldom could see the necessity of a full complement of teeth, especially molars, as few days were anticipated when "soft bread" would not be served. Opposing incisors were considered a military necessity to "tear the cartridge," not to bite rations.



**World War Standards:** The first dental standards of the World War required eight *molar* teeth as a minimum, two up and two down, on each side. After several thousand draftees had been examined, this regulation was revamped to require eight *masticating* teeth, which could be either molars or bicuspids, and six incisor teeth. Many men accepted under the first, low standard, would have been rejected under the revised requirement. As the need for men increased, standards were lowered, and many borderline cases were declared fit for service.

\*Sinai, Nathan: Physical Fitness and the Draft, Harper's Magazine 183:550 (October)

### Comparison of Procedures:

Present day standards are approximately the same as those of 1917-1918, except that there is less leniency on borderline, and questionable cases. This procedure is the reverse of the old tendency. Today there is a tendency to reject when there is any ground at all reasonable. In view of these facts, considering the Civil War records, and the effect of including men between the ages of 31 and 35, conclusions concerning dental deterioration should be withheld.



### The U. S. Army Dental Corps:

Speaking before the House of Delegates at the Houston Meeting, Doctor Wilfred H. Robinson, past president of the American Dental Association, urged an increase in the personnel of the U. S. Army Dental Corps:

"I am reliably informed," he said, "that 1,200,000 new dental cavities will occur during the next twelve months in the teeth of the 1,800,000 men now in service. If the Army is to do a good job with our selectees it must have at least a number of dentists sufficient to take care of the dental problems that arise. To do this requires more than 2,000 dentists."

Doctor Robinson expressed the opinion that the numerical limit of dentists in the Corps should be raised in order:

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2. That it may be made possible for those who are anxious and willing to serve as dentists to be granted this privilege.

3. That those, who are members of the Reserve Corps and who prefer to do so, may remain in private practice until it becomes obvious that their services are needed.

4. That our army authorities will have a greater and consequently more satisfactory degree of selection of the personnel of our Dental Corps in the Army.



#### **Young Dentists Needed for**

**Corps:** Pointing out that the shortage in the Dental Corps should be made up by calling recent graduates instead of established practitioners, Doctor Robinson said:

"Of the 4,200 dentists that were in the Reserve Corps in December about fifty per cent have been called to active duty and virtually none has been added to the Corps . . . Many joined the service with the idea of performing their patriotic duty if and when they were urgently needed, as in time of war . . . Of these, a great number, if called to service, would serve at a considerable sacrifice to themselves, their families and their communities . . . On the other hand, we have a large number of young, recent graduates who, because of the unsettled situation immediately ahead, are prevented from engaging themselves in private practice . . . A great number of this group is not only willing but anxious to enter the military service . . . Surely it cannot be considered equitable, to take, let us say, an orthodontist or a well-established general practitioner, away from his practice and force him to undergo the tremendous sacrifice to the public that he must make under such circum-

stances and, at the same time, refuse a young, unmarried and capable, recently graduated dentist, the opportunity of taking the orthodontist's or practitioner's place in the military service."



#### **Rehabilitation of Selectees:**

With reference to the rehabilitation of the large percentage of selectees rejected solely for defective teeth, Doctor Robinson reported to the house of Delegates on the rehabilitation program that had been formulated by the Board of Trustees of the American Dental Association. This program, which is now under discussion by authorities in Washington, recommends that dentally deficient registrants be provisionally inducted into the armed forces and then provided with the needed service by the dental personnel of the armed forces. The program further recommends that federal funds be expended for dental care under the following conditions:

1. Any method of rendering dental care may be employed for rehabilitation, which is recognized and approved by the local Dental Rehabilitation Committee.

2. All standards of dental care rendered under this program must be in accordance with those recognized and approved by this local Committee.

3. The standards for dental fees and salaries under this program shall be determined by the local Committee based upon the standards of living in the community. A basis for determining unit-operation fees may be found in the fee schedule of the Veterans Administration.

4. Any method of compensation for dental care may be employed in this program, which is approved by the local Committee. This includes unit-operation, salary or capitation fee.

## *Editorial Comment*

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

### **MILLIONS FOR DEFENSE, WHAT FOR DENTISTRY?**

THIS MORNING I sharpened my pencil and did a little figuring on the cost of dental rehabilitation for Army rejectees. We have read in the papers that "approximately 100,000 registrants rejected for dental defects can be made available for military service by the correction of these defects. This work will consist largely of fillings, eradication of focal infection, treatment of oral sepsis and the replacement of missing teeth. Those to be rehabilitated are young men between the ages of 21 and 28 years. They will be called before the local boards for an examination and the gross dental defects recorded to determine if there are any cases that would obviously not be accepted for military service. Those found to be remediable will return to the local boards, which will authorize the treatment and refer them to dentists in their own community. The cost of the treatment will be borne by the Federal Government."<sup>1</sup>

Although the plain statement is made that the cost of this will be borne by the Federal Government, no one seems to know what the cost will be. My sharp pencil tells me that, figuring on the conservative basis of \$50.00 a man, the total cost of the program would be \$5,000,000. Maybe you think that this \$50.00 was arbitrarily picked from the hat as a nice round number, but it agrees pretty well with statistical studies made regarding the average cost of dental care for adults in the population. The Swanish study<sup>2</sup> showed that the average cost of dental care was \$54.89 for men and for women \$47.23. A recent study<sup>3</sup> of the Economics Committee of the American Dental Association based on the application of the fee schedule of the U. S. Veterans Administration shows the cost to be somewhat less, \$48.96 for men and \$45.43 for women. The figures in the Swanish study are slightly more because they represented low fee levels in private practice. But the dental rejectees are not average adults from the point of view of dental needs. If they were average they would not have been rejected for military service on the basis of this physical defect. We can be pretty sure that the dental needs of these rejectees

<sup>1</sup>Statement of C. Raymond Wells, D.D.S., Dental Director, Selective Service System, before the House of Delegates of the American Dental Association.

<sup>2</sup>Swanish, P. T.: *The Cost of Dental Care Under Health Insurance*, The Chicago Dental Society, 1938.

<sup>3</sup>A Study of the Dental Needs of Adults in the United States, The Economics Committee of the American Dental Association, 1940.

would average much more than \$50.00 a person even at the Veterans Administration's low fee schedule.

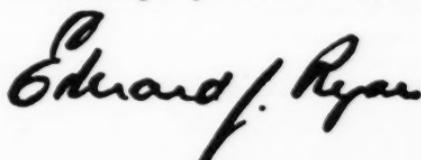
Nobody knows at this writing (November 5, 1941) exactly how a rehabilitation program will be administered. Whatever plan is adopted should be of a temporary nature and not one from which the pattern for future socialization may spring. To be specific and to the point, if the rehabilitation program were supervised by the dental directors of the state boards of health, that would represent a permanent health organization in operation. If, on the other hand, the local and state dental groups working with the Selective Service System were to administer the plan, such an organization would terminate as soon as the need of the Selective Service was over.

Our fears are certainly justified when we consider that this pattern of dental rehabilitation may possibly be one to be followed in the days to come to supply dental care for large groups of people at government expense. It is extremely important, therefore, that the form and substance that we build into this plan now be such that it will be consistent with the best professional traditions and a protection to us from unfavorable forms of socialized practice in the future.

All sorts of propaganda forces are at work in the nation on this subject and every other one associated with preparedness activities. It is not surprising, therefore, that a former governor of Texas and the present president of Baylor University, Mr. Pat M. Neff, has sounded off to place the blame for the dental unfitness of our population on our shoulders. Mr. Neff speaking before a dental group in Houston said:

"The Selective Service Act developed the astounding fact that 27 per cent of our boys were unfit physically to carry arms. This unfitness rests largely upon your shoulders. It is your responsibility, more than any other, that they were rejected by the Army."

We may expect to see in the immediate future more people in high places making such loose accusations. Undoubtedly we are going to be put in the role of whipping boy. We are going to hear raucous social workers and economic saviours chant: "The dental profession has failed. Private practice is a delusion and a snare. Therefore, the government must step in and take over." We are going to need extremely capable public relations programs in the next few months, and we are going to be placed on the defensive and accused of being despoilers of the Nation.

A handwritten signature in cursive script, appearing to read "Edward J. Ryan".



## DENTISTS IN THE NEWS

*Denver (Colorado) Rocky Mt. News:* Eighty-five facial masks, the work of Charles G. Grover, Denver dentist and a member of the State Board of Health, have been presented to the U. S. Army Medical Museum in Washington, D. C., for a permanent exhibit. The anatomical and pathological models, which are valued at several thousand dollars, are part of an extensive exhibit prepared by Doctor Grover during the past nine years. His first masks were made in a desire to record restorations of facial expression. He made scores of the "before and after" variety before he began recording pathological conditions. Although his masks were made only for medical and dental purposes, Doctor Grover believes they would be valuable in the field of criminology as an aid in tracing criminals, and with this in mind he has shown them before officials of the FBI. The exhibits presented to the Washington museum will be used by the Army for study.

*Washington (D. C.) Post:* Because his achievements have made the country his adoption a better place to live, Doctor William I. Ogus, a Washington dental surgeon, who is a native of Russia, is receiving wide acclaim for his pioneer research in the field of electro-surgery. Now 47, Doctor Ogus came to the United States in 1904 from Vilna,

Russia, and earned his way through dental school by selling insurance. It was in the middle 1920's that he began to collaborate with Doctor Elmer Brown in developing a electro-surgical knife, which would excise or sterilize diseased tissue without loss of blood. Since then Doctor Ogus has performed hundreds of electro-surgical operations, many of which are portrayed in the film with which he illustrated a lecture before the New England Dental Society. This motion picture recently was exhibited in South America, having been borrowed by the State Department to aid in improving the cultural relations between the two continents. Distinguishing himself in another branch of dentistry, Doctor Ogus also collaborated with Doctor S. S. Jaffe and Captain Alfred Chandler, U. S. N., in designing a technique for immediate permanent denture construction. Doctor Ogus is himself a lieutenant commander in the Naval Reserve.

*San Francisco (California) Chronicle:* Doctor Theodore C. Lee, who has been President of the Chinese Junior Chamber of Commerce, and sponsor of its successful campaign for a Federal low-rent housing project for Chinatown, has been called to active duty as a lieutenant in the dental corps at Camp Grant, Illinois. Doctor Lee was educated at the

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University of California and at Harvard, has practiced dentistry in San Francisco for a number of years and has been a member of the city dental staff of Doctor Bob Grosso. In appreciation of his splendid service in aiding other Chinese, Doctor Lee was given a farewell banquet by a group of Chinatown's topflight civic leaders before he entrained for Army service.

*Hartford (Connecticut) Courant:* Soon after his graduation from dental school in 1926, Doctor Joseph L. Levy of Bridgeport became keenly interested

third largest such service in New England, and a staff of twenty-three aid him in training students in preparation for entrance into Army or Navy service. His service helps the police, the city, and many worthy causes, whenever they call on him for the use of his planes.

*Niles (Ohio) Times:* In Sylva, North Carolina, reports columnist John Hix, Doctor Noracella McGuire is a dentist. Her father, mother, sister and brother-in-law are dentists, as were her grandfather and her mother's sister. Her sister attends dental school.

*New York (New York) Times:* Charles Giffin Pease, a dentist and physician of New York, who was a noted anti-tobacco crusader and instrumental in bringing about legislation prohibiting smoking in subway and elevated trains, died recently in his eighty-seventh year. Convinced at the age of 12 of the "detrimental" effects of coffee, Doctor Pease waged unrelenting war against a catalogue of evils that began with tobacco and went down the line through alcohol, tea, coffee, vinegar, soft drinks, meat and even artificially-flavored lollipops.

### CAN YOU USE A DOLLAR?

To EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in this department, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



# Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S.,  
1206 Republic Building, Denver, Colorado, enclosing  
postage for a personal reply. Material of  
general interest will be published each month.

## Hyperemia of the Pulp

Q.—I am writing for some more of your valuable information and I enclose a dental X-ray film of the case in question.

About three years ago an amalgam restoration in the first molar was removed, as the tooth was sensitive to cold temperatures. An insulating base was then inserted, and the tooth restored with amalgam, but the tooth has always remained sensitive to cold drinking water, or cold food of any kind.

I find that water of a temperature of 84 degrees, squirted directly on the restoration causes a sharp pain after a few moments that remains until the tooth regains its normal mouth temperature. Squirted water of a temperature of 130 degrees (Fahrenheit of course) feels warm to the patient but causes no real distress.

The second molar has an amalgam gingival restoration and, the tissue beneath that is a little inflamed, and back of the tooth and a little toward the buccal, the tissue shows a little inflammation. On digital examination on the buccal side of the second molar the bone under the gum tissue feels rather sharp, and the tissue over it is tender to pressure and this tenderness runs forward to the buccal of the second bicuspid. There is no discoloration of any kind of that tissue excepting right back of and just below the small amalgam restoration in the second molar. If this external plate of bone was badly damaged during the third molar removal, does it not seem that Nature should by this time have resorbed this bone to a natural smoothness?

In viewing this film would it appear

to you that there is any pathologic condition at the apex of either tooth, or would you say that there is a thickened condition of the periodontal membrane, such as is spoken of in the article, entitled Asthmatic Condition, page 1227, October, 1940, ORAL HYGIENE?

I have suggested to the patient that, if this response to cold continues, perhaps I should remove this restoration in the first molar and replace it, at least temporarily, with a good hard cement restoration as a non-conductor and see what takes place. Also it occurs to me that I might anesthetize buccally and retract the tissue and endeavor to smooth down the process.—E. F. H., South Dakota.

A.—The history and clinical findings of the first molar in your case indicate a hyperemia of the pulp. Whether this is caused by the proximity of the restoration to the pulp, failure to remove all the caries, or traumatic occlusion, I can not say. But if the pulp is to be saved, one or all of these possible causal factors will have to be corrected.

Were it my case, I would first test the occlusion, and if it were normal, I would remove the restoration and caries, if any, sterilize the cavity with ammoniated silver nitrate, put in a sedative cement base, cover this with oxyphosphate of zinc, and then make a metal restoration. If the pulp has not already become pathologic from the long pe-

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period of hyperemia, it should recover and the tooth become comfortable.

The class V in the second molar seems to have a rough cervical margin. If this cannot be polished, the restoration should be removed, and a restoration placed with a flush cervical margin, nicely polished.

In all probability the buccal plate of alveolar bone, in the region under consideration, is perfectly all right. The septal crest between the molars is normal, and I see no evidence of atrophy of either plate.

The root ends and periapical areas show no definite signs of a pathogenic condition.—GEORGE R. WARNER.

### Chronic Parotitis

Q.—I should appreciate your advice in a matter which concerns me personally. In the past year I have noticed secretions coming out of the upper left side of my mouth. The teeth on this side are coated with this material, which has a bad taste. At times the cheek on the left side swells a trifle. All teeth have been tested and found perfect. There are no dental infections or lesions or growths.

I have received several diagnoses and nothing definite has been established. I have also undergone allergy tests.

Please suggest any treatment which you think might give me relief or cure from this condition, which is annoying. Also let me know where I can secure additional information on this.—M. S., New York.

A.—The symptoms that you give are those of a low grade chronic parotitis and are usually a result of some general infection. It can, however, occur because of stoppage of Stensen's duct. Such a stoppage may be of the ball valve type in which a small round piece of calculus occludes the orifice of the duct. Such an occlusion may be intermittent. The calculus may move in the duct allowing free flow of the saliva at one time and com-

plete stoppage at another. In these cases the saliva is often thick and mucoid in character; a diagnosis can sometimes be made by probing the duct and sometimes by a roentgenographic examination.

The application of heat is helpful and it may be possible to express calculi or thick mucus or even pus by pressure.<sup>1</sup>—GEORGE R. WARNER.

### X-Ray Burns

Q.—The index finger of my right hand has been burned by the X-ray as a result of using it to hold films in the mouth. It does not heal permanently. About a month ago it healed and felt good, but now again the skin is cracked and it is annoying me. Please advise me the best remedy for it. About one year or more ago I read in ORAL HYGIENE about X-ray burns, but I forgot specific treatment. The case cited was the index finger too.—A. R. L., Chicago.

A.—There is little that can be done to heal permanently X-ray burns. I have a physician friend who is still suffering from X-ray burns that were incurred thirty years ago when he tested his X-ray tubes by looking at the bones of his hand through a fluoroscope. He learned of the danger of exposing his hand to the X-ray and hasn't exposed it for thirty years, yet the dermatitis still persists.

You may be able to alleviate the condition, but as I don't know just how serious your burns are I should advise you to consult a dermatologist for treatment.—GEORGE R. WARNER.

### Pulp Calcification

Q.—I have a case which puzzles me and would like your opinion.

The patient, a woman, 55, has a dull pain throughout the gingival area of the teeth, more or less constantly. One year

<sup>1</sup>Comroe, B. L., Collins, L. H., and Crane, M. P.: Internal Medicine in Dental Practice, Philadelphia, Lea and Febiger.

December, 1941

ago, it was more noticeable in the upper jaw. Now it is more noticeable in the lower anterior region on both sides of the median line. The pulps of some of the teeth do not respond to the pulp tester at all. The rest respond slightly, so there is virtually no sensation in the teeth. Roentgenograms show that the crowns of the teeth have the pulp chambers completely calcified. The patient's teeth are not tender to percussion.

She complains of the pain as a thrill or tingle of general dull pain throughout the jaws.

I cannot believe that the condition or pain of the patient is the result of local pathology or traumatic occlusion, as suggested by the patient's physician. Can you give me any suggestions about the case?

Would the calcification of the teeth and the lowered sensitivity to the electric pulp tester indicate a dysfunction of any of the glands of internal secretion to you?—A. R. S., South Dakota.

**A.**—We have found in a number of cases of total or nearly total obliteration of the pulp by pulp nodules that patients not only had some local discomfort but that the general health was affected unfavorably.

I should think, therefore, that the pulp calcification in your case is the most likely cause of the dull pain of which she complains.

I wouldn't hesitate to remove all of the molar teeth and the upper right second bicuspid. There seems to be reasonably good circulation in the pulps of the rest of the teeth.

The calcification of the pulps is probably not related to the endocrine gland system.—GEORGE R. WARNER.

#### Hot and Cold Packs

**Q.**—In order to clear up a little confusion as to when to use heat and when to use cold will you please give me some advice?

It happens, now and then, that the day following an extraction the patient calls up and says that her jaw is swelling and she wants to know whether to apply hot packs or cold packs. Where the tooth

was abscessed I prescribe moist heat but what about the cases where the tooth was not abscessed but where there is swelling resulting from trauma in extraction or other causes?—C. A. L. North Dakota.

**A.**—It has been our practice, and it is that of many dentists, to advise the use of cold packs on the external surface immediately following a severe dental operation. This practice has been followed particularly in the case of impacted third molar operations. The cold packs were applied with the idea that they reduce pain and prevent edema. Empirically, we have advised that these cold packs be used only for the first few hours.

If swelling occurs, we have advised the use of hot magnesium sulphate packs. These packs are supposed to bring an increased supply of blood to the part, relax the tissues, and increase phagocytosis.

In a recent article,<sup>2</sup> the author says: "The relief from pain seems to be the only reason that we should use thermal agents."

You will find it well worth your while to read this article for it is an excellent discussion of "hot or cold applications."—GEORGE R. WARNER.

#### Procaine Dermatitis

**Q.**—You once published in ORAL HYGIENE an article on an ointment or lotion for procaine dermatitis of the hands. Can you give me any information for this condition? My associate has a bad case of it, and nothing seems to help.—H. S. W., Connecticut.

**A.**—We have had a number of salves suggested as either helpful or sure cures in procaine dermatitis, which I am herewith forwarding to you:

One is Magnon, an ethical prep-

<sup>2</sup>Spanberger, H. D.: Hot or Cold Applications? A Review of the Fundamental Literature, J. A. D. S. 28:903 (June) 1941.

December, 1941  
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## ORAL HYGIENE

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eration made by Belmont Chemical Company, 4430 Chestnut Street, South Philadelphia.

Another is Kerolipin. Daily application of Kerolipin (Upjohn) ointment takes care of the condition in a satisfactory way.

Paraffin and White Vaseline: Heat equal portions of paraffin and white vaseline. Rub well on the affected parts before using the needle and before retiring at night. Wipe the hands with dry towel before working on patient. The vaseline lubricates and the paraffin closes the pores. Never use the needle without first using this on hands. This mixture eliminates the painful areas in a few weeks, but the applications must be continued, especially before using the needle, till all symptoms of soreness have disappeared, sometimes for three or four years. This is to prevent a return of the condition. Avoid contact with liquids, saliva, and medicines as much as possible. This mixture should be about the consistency of putty. *Rub in well.*

Salve for Hands: Get a 10c pair of cotton gloves and, before retiring, grease the hands well and wear the gloves all night. The salve is: acid salicylic, 10 per cent; acid benzoic, 4 per cent; benzoinated lard, q.s.—GEORGE R. WARNER.

### Acidosis

Q.—I should like to know just what relation acidosis has to tooth decay. What relation has alkalosis to pyorrhea? —A. M. R., Alabama.

A.—Acidosis—the production of an abnormal amount of acids in the body and their faulty elimination—is a condition, so far as I can learn, that isn't known to have a definite relation to dental caries.

Alkalosis, or diminished H-ion concentration below normal limits, is like acidosis, a more or less transient condition. In fact Wright<sup>3</sup> says, "The hydrogen-ion concentration of the blood and tissues of the blood and tissues of the body is preserved at a fairly constant level by a series of delicate mechanisms, and wide variations from the normal are incompatible with life."

It would seem, therefore, that alkalosis should not be related to pyorrhea.—GEORGE R. WARNER.

### Cottonseed Oil

With reference to the question on removing modeling compound from a vulcanite tray in ASK ORAL HYGIENE for July, 1941, I have this suggestion. Heat these trays in ordinary salad oil (refined cottonseed oil) and wipe with a tissue towel while hot. This will restore the trays to a satisfactory condition. We use ordinary canvas gloves in handling the trays.

We also use this same oil heated over a small bunsen burner for softening vulcanite and acrylic bases for teeth removal and find that the teeth come away clean and are never checked as is often the case when an open flame is used. We use a tripod to hold the vessel with the oil over a low bunsen flame.

I trust this may be of help.—B. D. Hettick, D.D.S., 145 East Jefferson Street, Butler, Pennsylvania.

<sup>3</sup>Wright, Samson: Applied Physiology, Oxford University Press, Page 274 (1939).

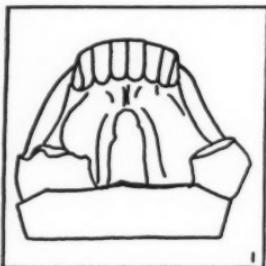


# TECHNIQUE OF THE MONTH

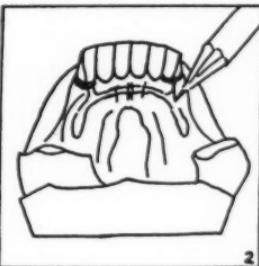
*Conducted by W. EARLE CRAIG, D.D.S.*

*Method of Casting Lingual Bar and Clasps in One Piece*  
*by James McNerney, D.D.S.*

*Drawings by Dorothy Sterling*



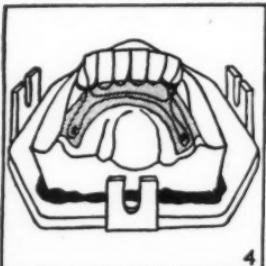
Take impression and pour stone model in the usual manner.



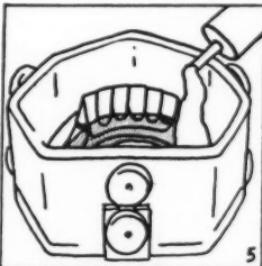
With pencil, outline casting on model.



Adapt Kerr's Green She <sup>hole in</sup> Wax (30 gauge) to the areas covered by lingual bar to prevent impingement of trauma after casting is finished.



With utility wax, fasten model to base of duplicating flask, and coat model with cocoa butter.



Leaving green wax on model, duplicate with hydrocolloid.

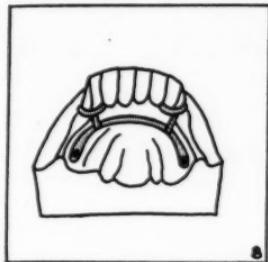


Pour duplicate model in Kerr's Crystobalite Model Investment.



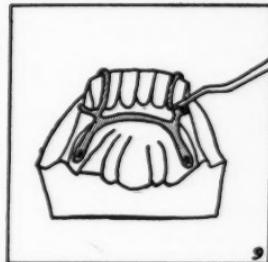
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Gain place Green Sheet  
wax and outline on model,  
and, from Kerr's Wax  
Shapes, select clasps and  
angular bar shapes to suit  
use.



8

Carve up to desired shape.



9

Wax shapes together. Wax  
all ends together by wax  
loops. Polish with silk cloth.



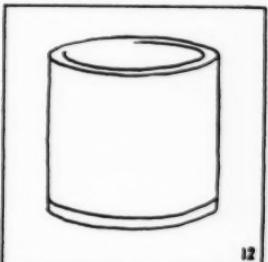
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Attach to sprue former.  
Paint with investment.



12

Pour investment over model.



13

Cast and polish.

*If you are interested in a particular technique and would like to have it included in this series, please write to W. Earle Craig, D.D.S., 1005 Liberty Avenue, Pittsburgh, Pennsylvania.*

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## DENTISTRY'S POST-WAR PROBLEMS \*

The problems that dentistry must face in the post-war reconstruction period are altogether different than any faced before. The obvious factors, which will create these unique conditions, are:

1. Definite statistical knowledge of the deplorable dental health of 1941, its cost in man power, and its estimated cost in health.
2. The knowledge that, barring war or catastrophe, one-third of our population can feed, house, clothe and provide health services for itself, as well as the remaining two-thirds of the people.
3. A current decreasing individual buying capacity coupled with an increased federal income.

The third of these factors requires additional explanation. Individual dislocation follows major wars. War industries close and cannot be rapidly followed by peace-time industries to absorb the millions of unemployed. Peace-time production cannot reach the peak of a war period. Depression follows. Meanwhile, government tax rates are greatly increased. Governments rarely revise tax rates. Thus, the federal government will have an abundant purchasing power and will face a population eager to shift the costs of health services to a government anxious to assume such costs.

This need, as contrasted with the demand for dental services will be an important factor in the problems of the post-war period.

\*Sloman, E. G.: Some remarks on Demand Versus Need for Dentists, J.A.C.D. 8:176 (September) 1941.

# *Laffodontia*

Romeo: Sweetheart of mine, I'm burning up with love for you.

Juliet: Don't make a fuel of yourself!



Elsie: Bill said I looked good enough to eat last night.

Mabel: And so you steered him to a high priced restaurant, I suppose?



Ross: How many of your girl friends are in on our little secret?

Ruby: Six, all told.

Ross: They would.



Tramp: No, ma'am I ain't dirty from choice. I'm bound by honor. I wrote a testimonial once for a particular brand of soap and said that I would never use any other.

Woman: Well, why don't you use it?

Tramp: Because, ma'am, the firm that made the soap failed during the depression.



What's that you've got in your buttonhole?

Why, that's a chrysanthemum.

Looks like a rose to me.

You're all wrong; it's a chrysanthemum.

Spell it.

K-r-i-s . . . Dang it, I believe it is a rose.

Lady: Have you ever been offered work?

Itinerant: Only once, madam. Aside from that I've had nothing but kindness.



Jerry: Is your lawyer devoted to your interests?

Perry: Well, yes; but he seems much more interested in my principal.



Librarian: It is time for closing, sir. Is there anything you'd like to take out?

Young Man: Yes, there is. How about the blonde in the blue dress?



Furniture Salesman: Can I help you, madam?

Lady Customer: Well, I have so many people that come for week-ends that I'll need an extra bed—one that's not too comfortable.



Eastern Visitor: Has the advent of radio helped ranch life?

Pinto Pete: I'll say it has. Why we learn a new cowboy song every night, and say, we have found out that the dialect we fellers have used for years is all wrong.



She: Coward! You were afraid of a pop-gun.

He: Sure, but you don't know whose pop it was!

# 1812 - 1942



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You are sometimes asked, "What's it made of?" We wish we could give you a very simple answer to such a query. But "Lucitone" methyl methacrylate resin denture material for prosthetic dentistry is a complex product. It requires highly involved processes and a score of tests and controls for its manufacture.

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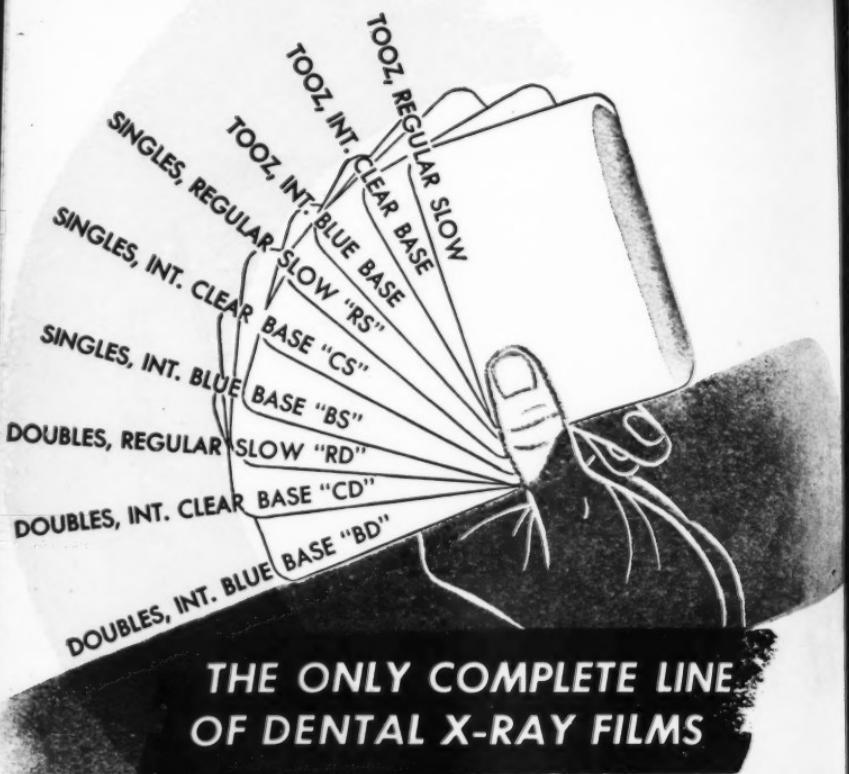
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of raw materials derived from coal, air and water. Its production requires the equipment of two modern chemical plants. It is a material of utmost purity—not made by the reworking of scrap. Its formula was selected from hundreds tested because no other provides all its special properties for dentistry.

When you show your patient a sample denture, point out its beautiful natural coloration . . . let him feel its smooth, hard, easily cleaned surface. Tell him that "Lucitone" is comfortable, odorless and tasteless—that it keeps its shape. Assure him that this Du Pont material is strong, durable, non-toxic, safe . . . that its extra quality is the result of the combined "know-how" of companies experienced in the fields of chemistry and dentistry. E. I. du Pont de Nemours & Co. (Inc.), Plastics Department, Arlington, N. J.

*"Lucitone" denture material is the only methyl methacrylate resin denture material made by Du Pont. "Lucitone" is distributed solely by The L. D. Caulk Company, Milford, Delaware.*



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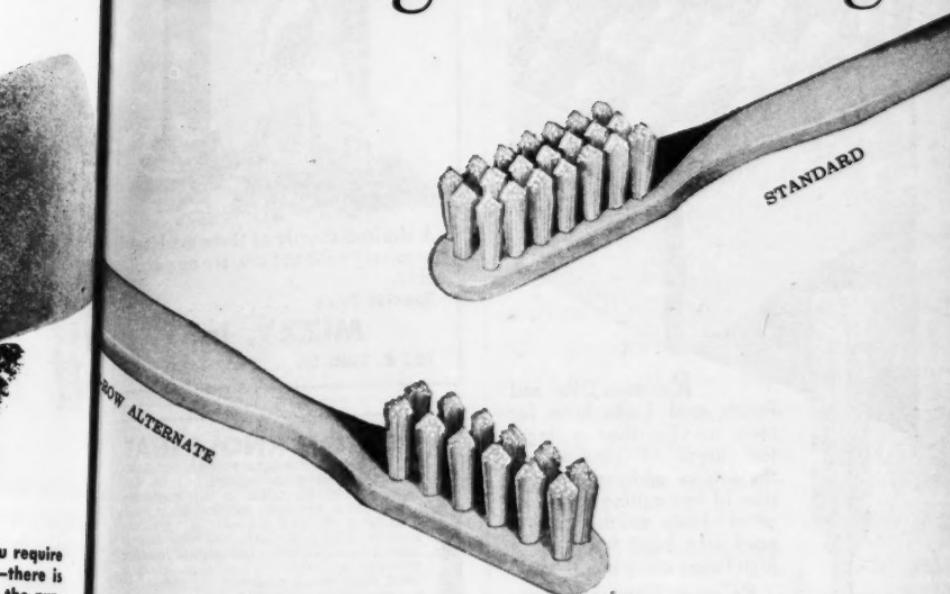
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Singles, Int. Clear Base "SC" ..	2.75	1.00
Singles, Int. Blue Base "BS" ..	3.00	1.10
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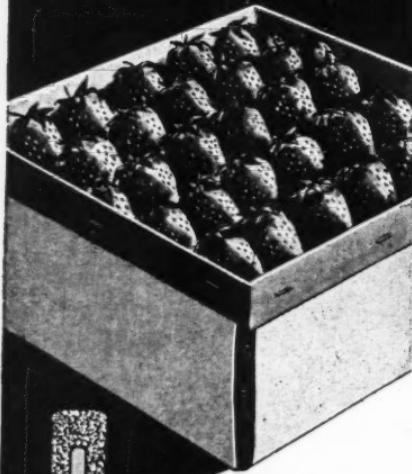
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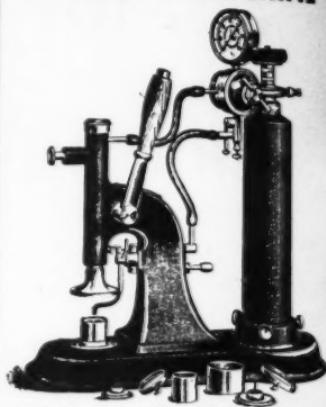
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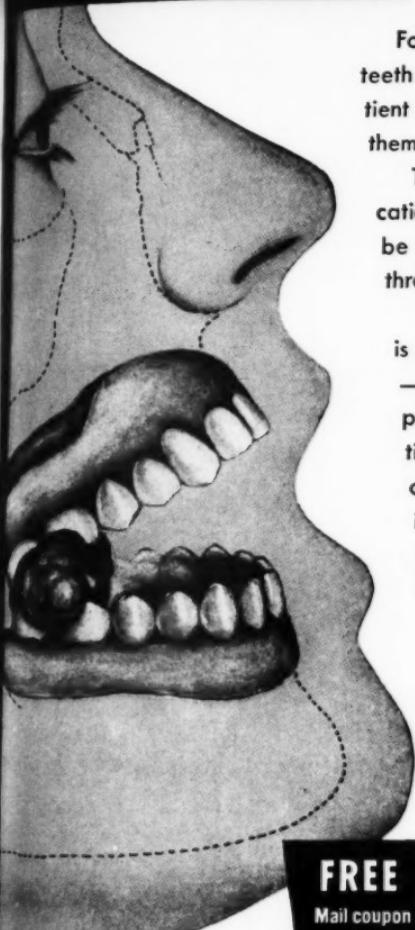
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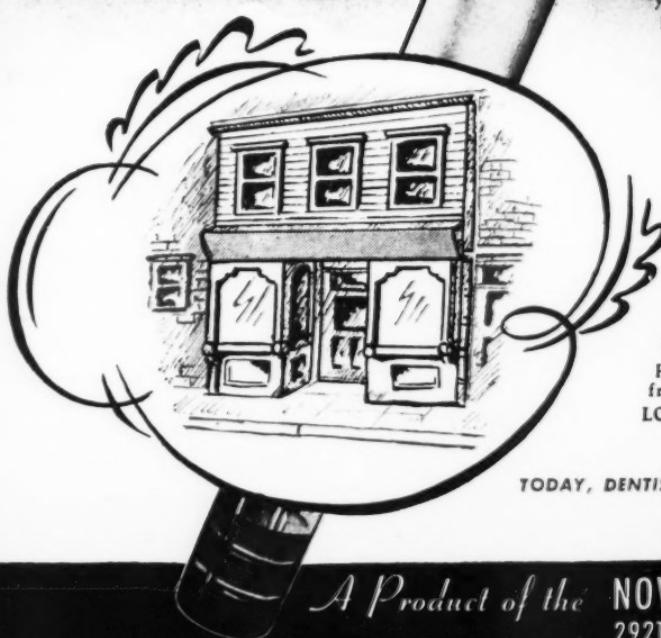
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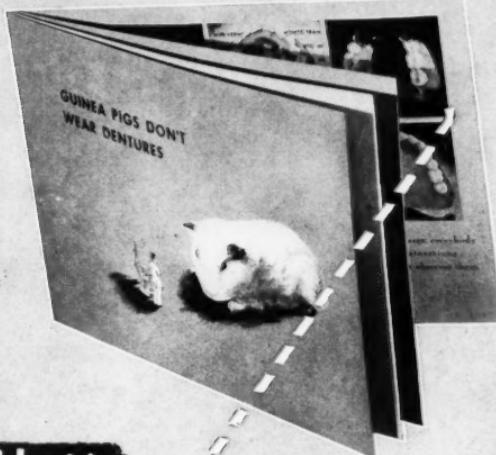
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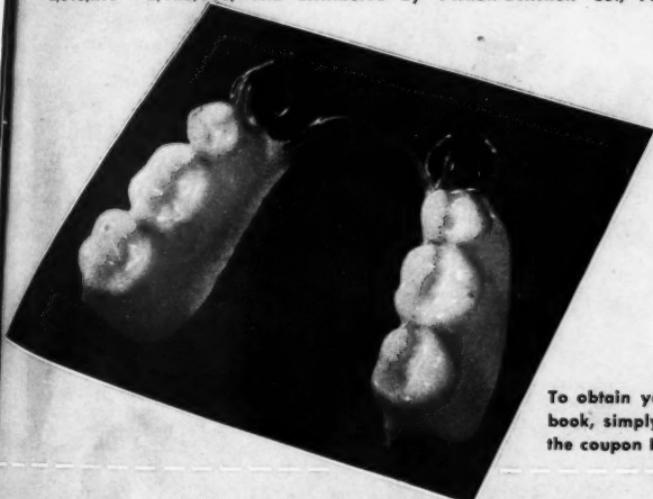
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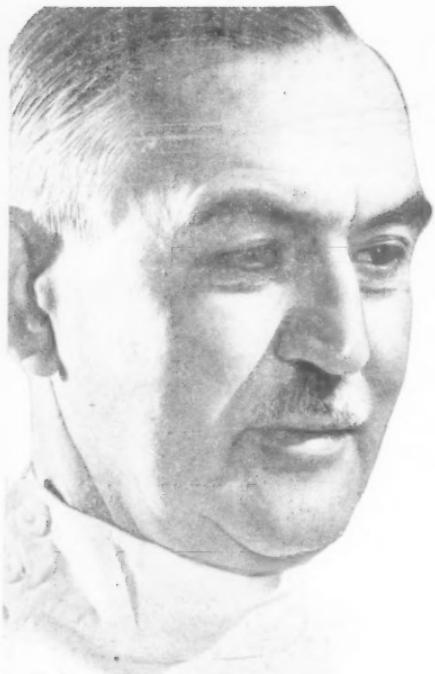
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"21 days"

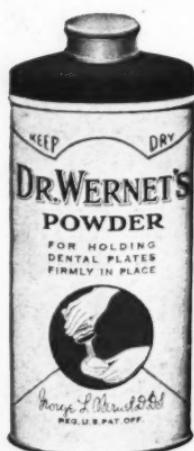
DOCTOR A. What do you mean, "21 days"?

DOCTOR W. I mean those critical first weeks while a new denture is itself.

DOCTOR A. Why do you call them "crucial"? Isn't that a little strong?

DOCTOR W. By no means. During first three weeks your patient's attitude toward the denture, and toward you, is formed. They're "crucial" days for your patient because if he becomes discouraged at the beginning he may never persevere to eventual denture mastery. And they're crucial for you as a prosthodontist because your patient usually measures your work by how quickly he can eat and with comfort.

DOCTOR A. Well, doctor, what do you suggest?



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HOMOGENIZED

Through a specially developed Baker homogenization process Aristaloy is permanently stabilized so that age cannot affect its excellent properties. It also speeds amalgamation, decreases flow still further and makes possible a new, higher-than-ever crushing strength for Aristaloy.

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You can please your patients by  
using Mi 31 the safe and effective oral antiseptic

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because it kills germs quickly — repeated tests under strict supervision by approved methods have shown that it kills mouth germs in 15 to 25 seconds — and because its economical price you can afford to prescribe it freely.

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Mi 31 is a product of The Department of Research and Technology in one of America's finest and most modern drug laboratories. It is available only at Rexall Drug Stores which include Liggett and Owl Stores. Specify Mi 31 for the safety, comfort and convenience of your patients.

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DRUGS

*Calm in the "XMAS"*



# MASRUSH"

"but a "wreck" in  
a dental chair!



## "JITTERY" PATIENTS RETURN REASSURED WHEN YOU PREPVENT PAIN

**D**READ of dental pain — that makes so many patients "hate" dental attention — is a constant threat to successful, satisfactory practice.

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Over 100 million injections made with solutions containing Cobefrin

# Holiday Greetings

*to our friends throughout  
the dental profession*



And here's hoping that the New Year will bring a new ray of light for a happier world; a new birth of kindness; of good will to all men.

## REVELATION TOOTH POWDER

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**Q.** Of course, we eat canned vegetables. But just what is their value in a diet?

**A.** The nutritional value of fresh vegetables varies somewhat with the type of vegetable. The green, leafy, and yellow vegetables are among the best sources of pro-vitamin A. In general, in the amounts usually consumed, vegetables are valuable sources of vitamin C and members of the vitamin B complex. In addition, vegetables contribute to the body's needs for iron and other minerals. Canning retains to a good degree the dietary value of vegetables and makes a wide variety of vegetables available all the year round. (1)

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(1) 1936. Mass. Agr. Expt. Sta. Bull. No. 338.

1937. Chemistry of Food and Nutrition, Fifth Edition, H. C. Sherman, MacMillan, N. Y.

1938. Nutrition Abstracts and Reviews 8, 281.

1939. Food and Life Yearbook of Agriculture, U. S. Dept. Agr., U. S. Government Printing Office, Washington, D. C.



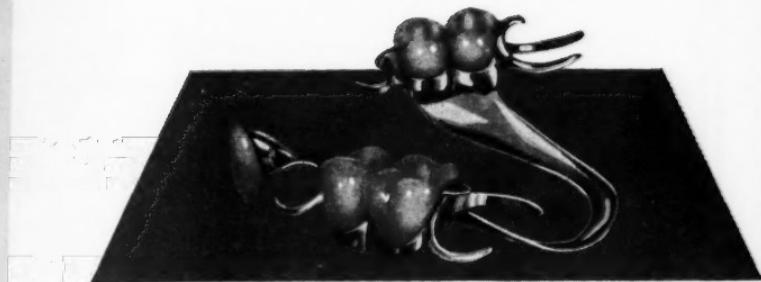
The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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"HOW  
do I choose  
a dental  
gold?"



**JULIUS ADERER, INC** • Manufacturer of  
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consider the specific work the restoration must do. Then, approximate the strength you'll want—the amount of flexibility best suited to the case. Consider the *relationship* of hardness to resiliency and finally give thought to its color and resistance to discoloration.

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Arm & Hammer Baking Soda and Cow Brand Baking Soda are acceptable, as tooth cleansers, to the Council on Dental Therapeutics of the American Dental Association. The dentist may use and prescribe our Baking Soda with complete confidence in its effectiveness and purity.

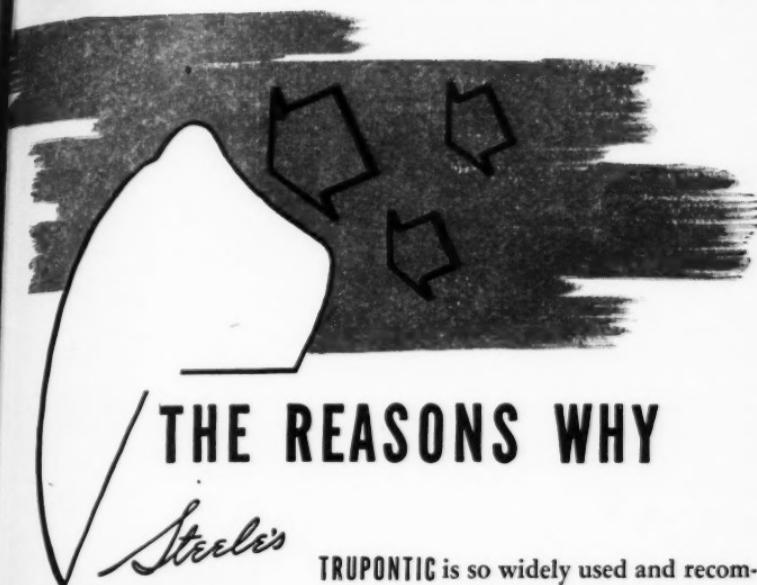
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## THE REASONS WHY

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Technic for properly adapting Trupontic teeth to tissue is completely illustrated in a booklet "The Proper Adaptation of Steele's Trupontics." Copies are always available.

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NEW BRUNSWICK, N. J. CHICAGO, ILL.



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*local anesthetics*



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EVAPORATED  
MILK  
AIDS IN  
*Preventive  
DENTISTRY***



OUR purpose, in calling your attention to the important part that Irradiated Evaporated Milk can play in preventive dentistry, is simply to recall facts which are already familiar to you through the pages of professional journals. *Irradiated Evaporated Milk is rich in Vitamin D as well as in calcium and phosphorus*, three of the principal factors in forming, nourishing and protecting the teeth.

Nature has been miserly in her distribution of Vitamin D, the element that is primarily responsible for proper utilization of calcium and phosphorus in construction and protection of osseous and dental tissues. Ordinary foods contain little or none of this precious vitamin. *Sunlight's D-producing ultra-violet light is only  $\frac{1}{8}$  to  $\frac{1}{6}$  as strong during the Fall, Winter and Spring as in Summer.* It is further reduced by smoke, fog, dust, clouds, shade, clothing, and even window glass. Yet, Vitamin D must be had or

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*...this Brochure tells your patients*

Explains why natural changes in gum and mouth tissues require eventual readaptation or new dentures.

EYES CHANGE RAPIDLY  
as every eye glass wearer knows but  
no more rapidly than MOUTH TISSUES CHANGE  
as every denture wearer should know



Figure 1

Eyeglasses do not change



...do not change. So eyeglasses that now fit perfectly may not fit a year from now, because the wearer's eyesight has changed.



Figure 2

Dentures do not change.



Figure 3

And mouth tissues change. So the denture that fits perfectly now may in a few months become loose, the result being irritation and discomfort, abnormal growth of gum tissue and loss of masticating ability.

**Send Coupon For Your Office Copy of "DENTURE CLOSEUPS"**

Explains simply, by analogy with eye-glasses, how mouth tissues change making eventual denture check-up necessary. Color charts of mouth structure educate patients in prosthetic problems.

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*is Alkaline*

... Sustained Retention of Dentures  
... Combats Irritating Mouth Acids  
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IT IS a pleasure for the makers of FASTEETH to cooperate with the dental profession by making available to dentists this helpful brochure. FASTEETH itself is a real assistant—helping patients satisfactorily through the new denture "complaint period."



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## CURTIS Dental Pumps

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Curtis Automatic Dental Pumps are especially designed for this exacting service — to provide compressed air for the modern dentist. They reflect Curtis' 86 years of successful engineering experience and are precision built in every detail.

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Compressed air saves you time, energy and money — it's an invaluable aid in operative dentistry and laboratory work — makes your work easier and better and patients appreciate its use. Write for Bulletin C-18.

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*Division of Curtis Manufacturing Co.*  
1933 Kienlen Ave. St. Louis, Mo.

**CURTIS**

# Crescent



## WIG-L-BUG

Pat. May 21, 1940

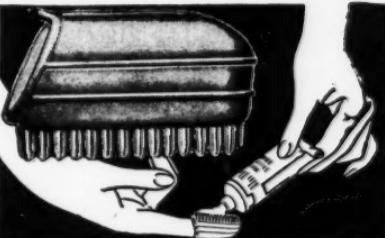
This Wonder Electric Mortar and Pestle is simple and easy to operate—yet produces almost magical results. It triturates enough amalgam for an average filling in only 7 to 10 seconds. Its mix is always smooth, always the same... thus it reduces much of the human element, standardizes technic, saves much alloy and mercury. The Wig-l-bug places amalgam work on a more profitable basis by assuring satisfactory results, cutting down the time required, and eliminating waste. For better, faster fillings use the Wig-l-bug in your everyday practice. Complete details on request.



Model No. 3A

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Made of pure surgical rubber. Sanitary, easy to clean. Fits finger snugly.

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Inexpensive  
*COMFORT*

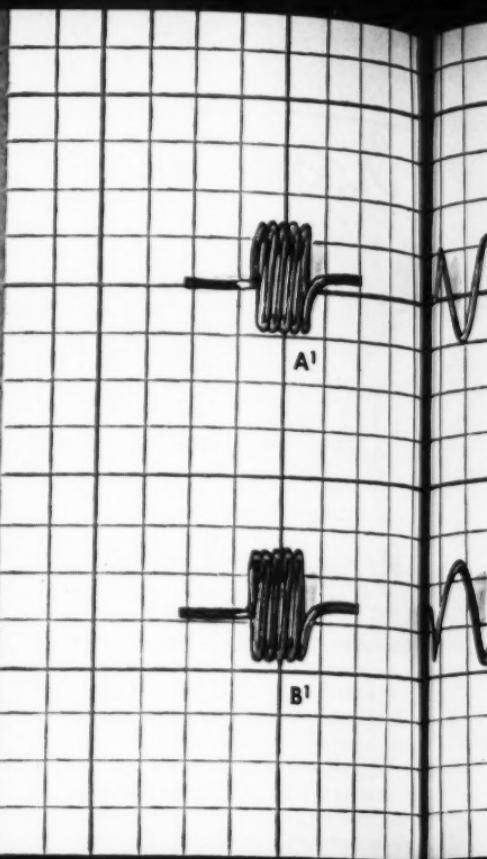
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## DATA:

The coiled spring offers an excellent illustration of proportional limit. Given two springs of the same dimensions, (A<sup>1</sup>-B<sup>1</sup>) stretched beyond the proportional limit of the less elastic metal, (A<sup>2</sup>), it will be found that the gold spring (B<sup>2</sup>) is undamaged when released and will return to its original shape, (B<sup>3</sup>), whereas the other is "sprung" and becomes highly distorted (A<sup>3</sup>).

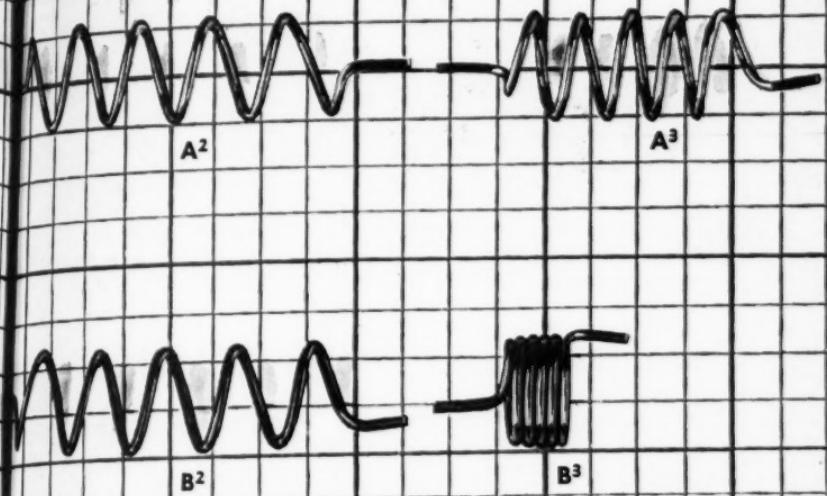


## Illustrating an important principle

### WHAT IS PROPORTIONAL LIMIT?

*It is a measure of the ability of a metal to be distorted without suffering permanent deformation.*

COLD  
ANNE P  
FOR



## *the property of dental gold.*

**Why is Gold's High Proportional Limit Important in Partial Dentures?** Due to high proportional limit, gold clasps spring over tooth contour without damage to themselves or the tooth. Yet, they are rigid enough to hold the restoration in proper functional position. Likewise in mastication, stresses are best endured when absorbed by gold structure which minimizes strain on abutments and which resists permanent distortion. Consequently gold restorations are most serviceable, and comfortable to wear.

**AMERICAN PLATINUM METALS IN DENTISTRY**  
FORTY EAST FIFTY-FIRST STREET, NEW YORK CITY



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**Strong Bactericidal Action—Sets Harder  
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A medicated cement which hardens to a greater degree than other materials used for the same purpose—namely to prevent or relieve irritation of the pulp and preserve its vitality when inflamed or exposed.

Prepared in accordance with the original formula of Dr. Paul Jamesson with a Thymol content to give it an unusually strong bactericidal action.

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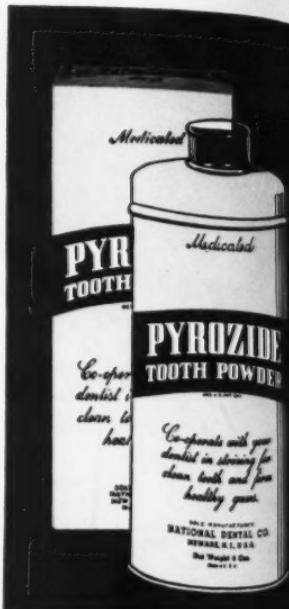
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*Recommend*

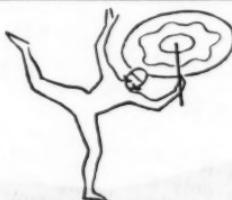
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PYROZIDE TOOTH POWDER is scientifically compounded in controlled batches, medicated with 3% DENTINOL and also contains Precipitated Calcium Carbonate USP XI; Powdered Magnesium Carbonated USP XI; Oils of Peppermint, Birch, Sassafras and Eucalyptus USP XI.

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BUT ONLY FAITHFUL PERFORMANCE  
THROUGH MANY LONG YEARS OF  
SERVICE CAN BUILD A REPUTATION"

In shipping out your old gold for reclamation, the integrity of the house you send it to is important to you as measured in dollars and cents.

This company has the most modern type of equipment . . . and the reputation earned through 52 years of service . . . for maximum reclamation.

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A perfect example of the harmony of tooth form with face form—typal square face with typal square teeth.

CIENTISTS have discovered that in the most beautiful dentitions nature forms the centrals to harmonize with the form of the face.

Watch for simplified directions for classifying face forms and tooth forms . . .

This Page Next Month

THE DENTISTS

*Picture of Harmony*

ESSED  
BY THE NEW HUE TEETH . . .



Nature Has Three  
Basic Face Forms

SQUARE



TAPERING



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EVERY patient can be classified in one of these forms or a combination of these forms.

Trubyte New Hue Teeth harmonize with nature's three basic face forms and their more frequently seen combinations.

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Cleans and  
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Fits any straight or contra-angle standard hand piece.

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Ideal for polishing amalgam fillings and gold inlays.

- ★ Two actions in one; smooth; fast; comfortable for patient. Saves chair time.
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- ★ Bristle brush anchored in rubber cup; Retains abrasive; avoids spatter.
- ★ Mounted in one piece mandrel; runs in either direction; can be sterilized in boiling water.
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**DOZ. 65c 1/2 GROSS \$3.75 GROSS \$7.20**

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Typical Coat  
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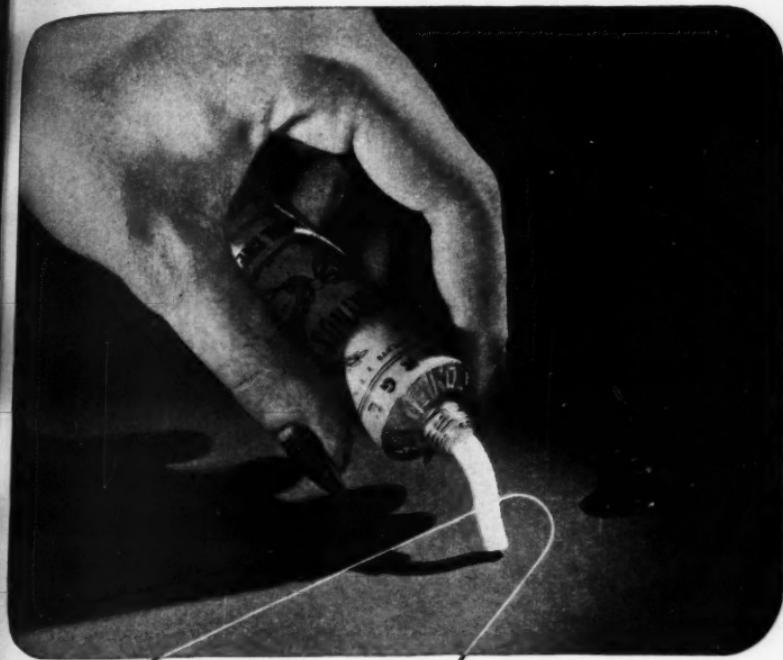
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ep. 12

# VITAL WEAPON for home defense



The main attack on dental ills takes place in your chair, but one of the first lines of defense may be the daily brushing of the teeth with a safe, effective dentifrice.

Kolynos,\* a pleasant and refreshing dentifrice, serves this purpose well because of its *dual* cleansing action.

First, Kolynos Dental Cream is safe in the hands of the patient. It has a gentle polishing action due to the presence of finely divided precipitated chalk. Secondly, it helps remove mucus plaques, and food debris in a cleansing, refreshing and penetrating foam.

Recommend Kolynos dentifrice to your patients.

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# Densene • Vitain

Densene was one of the first acrylic resin denture materials certified to comply with the specifications published by the Research Commission of the American Dental Association. Densene also has a distinct color superiority. Its "alive" appearance is still acknowledged to be outstanding among similar materials.

Vitain is the blending acrylic for inlays, bridges, jacket crowns, veneers and teeth. It is available in a special economical kit\* which provides a complete range of shades, a practical shade guide, flask and full instructions. All shades of Vitain may also be ordered in one ounce portions. The Vitain shades used most frequently may then be replaced singly as needed to keep your kit complete.

The Vitain technique is simple. Its esthetic and functional results are already leading the way to a more advanced type of restorative dentistry. If you would like to know all about Vitain and its technique as quickly as possible—we'll be glad to send you literature upon request.

\*The Vitain Introductory Kit is available through your dealer, \$12.50 complete.

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*Dependable source of*

## VITAMINS A · B<sub>1</sub> · B<sub>2</sub> (G) · C · D

- Nutritional studies demonstrate that of the many vitamins that have been identified there are five of major importance to the bodily economy. These are vitamins A, B<sub>1</sub>, B<sub>2</sub>(G), C and D. In Polytaxin there is present each of the essential food factors that are most likely to be lacking in the diet. Polytaxin approximates the daily need as closely as existing knowledge indicates.

*Potent Formula*

Each capsule now represents:

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- 500 U.S.P. (international) units (25 mg.) of crystalline vitamin C (ascorbic acid)
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**DOSE:** 1 capsule or more daily.

Supplied in boxes of 25 and 100 capsules.

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POTENT  
STABLE  
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*Fine  
Fine Vitamins*

LITTLE CAPSULE...  
SWALLOWED  
WITH EASE

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*Personalized Dentures*



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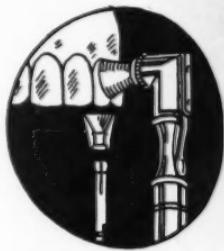
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They clean thoroughly down to the deepest points of pits and fissures . . . between the teeth and under the free gum margin . . . yet so gently the patient feels little or no discomfort. And they do not injure the delicate gum tissue.

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"Dentists' Choice for 40 years"

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BEGINS WITH  
HYGIENE OF THE MOUTH**

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1. Phillips' Milk of Magnesia Tooth Paste and Phillips' Milk of Magnesia Tooth Powder—as safe, efficient, cleansing dentifrices.
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When Epidemics  
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Give the mouth and throat extra care



**PELTON E & O DENTAL LIGHT**

The only Dental Light which can be lowered to shine on uppers from below. Abundant cool, color-corrected light in the mouth. Write for details.

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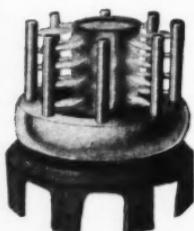
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take care of this important step by rapidly and efficiently eliminating

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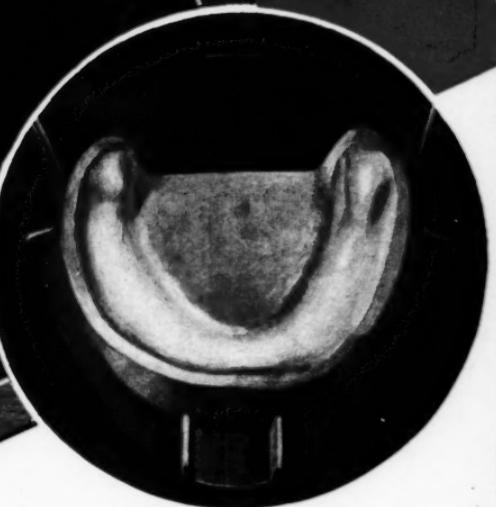
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TO GIVE DENTURE STABILITY  
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**I**MPORTANT because the miniature fine knives carved into occlusal surfaces permit efficient mastication . . . and because the wide food table follows nature's plan for proper mastication.

Important, too, because low cusps and narrow contacting area minimize trauma by reducing excessive lateral pressure, and assure stability of the dentures.

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You can get Amenta craftsmanship by fast mail. Personal attention to design and construction of full and partial acrylic restorations, skeleton cases, assures fit, comfort, complete satisfaction.

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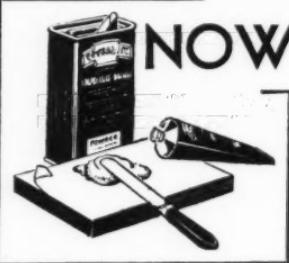
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# **NOFOIL... A Tinfoil Eliminator for Acrylic Resins.**



Quickly and easily applied.

Dries immediately leaving a smooth glossy surface.

Allows plaster to remove easily from dentures.

Has no harmful effect on material itself.

Prevents color change of material.  
Used only with boiling technique.

4 oz. cans \$1.00

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Is ready for immediate use.

Contains no acetone.

Is indispensable with immediate insertions.

Sets hard with glossy surface and can be added to from time to time.

Adheres to old denture surface.

Easy technique with each tube.

1 tube enough for 4 to 6 dentures \$1.60.

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I've used  
**STERODENT**  
cleanser for  
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Since 1925 the superlative cleansing qualities of **STERODENT** have kept constant pace with the progress of modern dentistry. You'll like this "tried and true" product!

**For better results  
in less time use  
2-STEP TECHNIQUE**

**FIRST** strip teeth of mucin with OraClenz Coagulent.

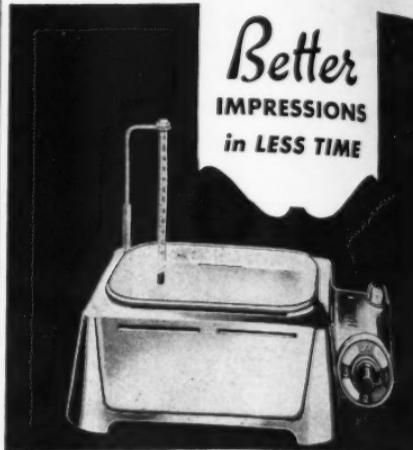
**SECOND** Sterodent's efficient cleansing agent then does its good work much faster.

**RESULT** pearly luster in less time . . . teeth that reflect a superior prophylaxis . . . a walking advertisement any dentist would be proud of!

Order **STERODENT** today

Included at no cost will be sufficient OraClenz Coagulent tablets to make a mouthwash for your two-step technique, or for other mouthwash purposes.

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*Compound*  
**HEATER**

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The especially designed heating elements are guaranteed not to burn out regardless of lowered water level in the basin.

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A HANAU PRODUCT  
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to remember*

*...about INTERCHANGEABLE  
MORSE SCALERS*

**Always a Sharp Instrument . . .**

A new, sharp scaler can be inserted in the chuck type handle as quickly and easily as replacing a bur in a handpiece.



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Replacement involves only a new point, at one-fifth the price of a good long-handled scaler; cheaper than resharpening a conventional instrument.



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The eight types of Morse Scalers meet virtually every requirement of scaling technic—especially as the popular hook types, Nos. 0, 1, and 2, may be bent cold to any desired angle.



**Choice of Two Handle Sizes . . .**

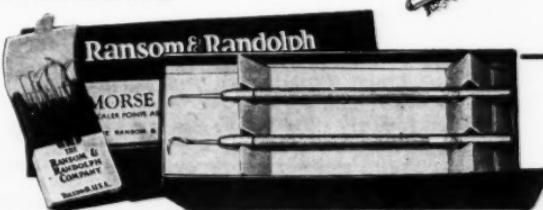
One diameter or the other is sure to meet individual preference as to weight and "balance". Both are heavily chrome-plated—non-rusting and non-tarnishing, inside and out.



**MORSE OUTFIT**

8 scalers—1 of each type; and 2 chuck handles, either size

Complete \$4.25



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Sessions held at intervals throughout the year. Date of next session on application. Classes limited.

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Children who repeatedly suck their thumbs and bite their nails run the risk of transporting germs, dirt, grit and other foreign matter into their mouths and throats. This habit is not only unhealthy but very unbecoming to any child. Use Thum to discourage thumb sucking and nail biting.

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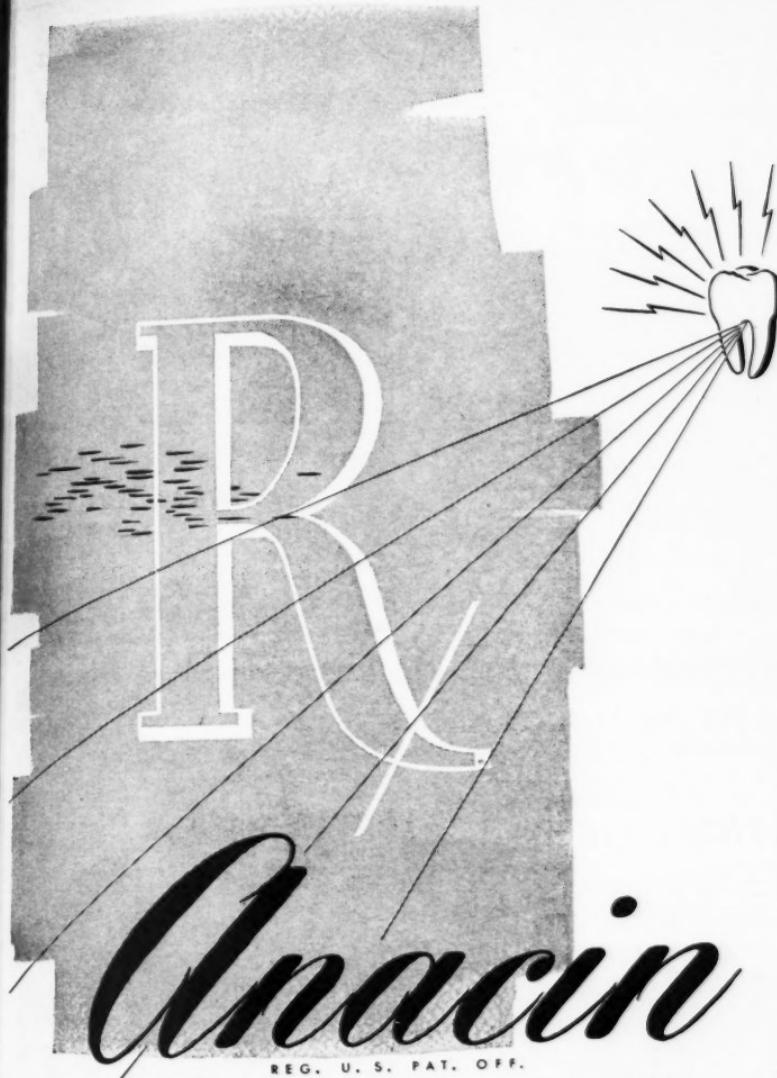
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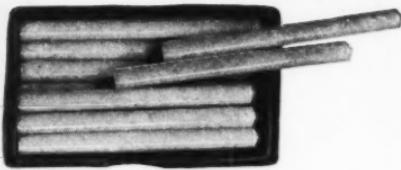
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*For Perfect Shade Results in Your Acrylic Jackets, Inlays and Bridges*

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You'll ENJOY using **Crescent Stoppering**

4 oz GLASS JAR \$1.

- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
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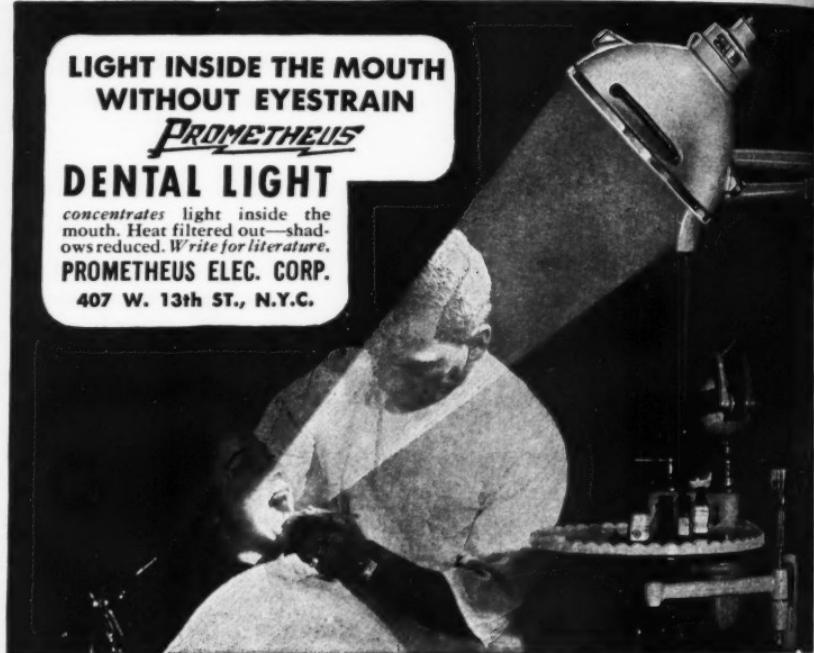
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concentrates light inside the mouth. Heat filtered out—shadows reduced. Write for literature.

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Lustraloy is an easy alloy to handle. It amalgamates quickly and may be polished 24 hours after the restoration has been completed. Due to the purity of the basic alloyed metals and our own special oxide-elimination processes it will retain its brilliant platinum-like polish indefinitely.

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Without COLLAPSE of Cup—The LIP Does the Work



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The CONTROLLED LIP-ACTION OF CUP cleans and polishes quickly under free margin of gums. Test it yourself! Write for FREE Sample Unit. Sold by Dental Dealers Everywhere.

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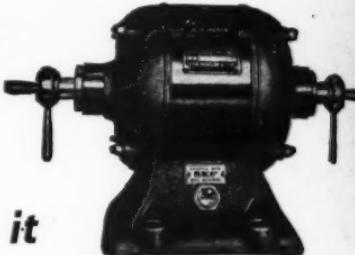


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*All you want of it*



Designed and built to give you POWER—THE RED WING DENTAL LATHE will withstand any amount of pressure against a buff. Yet with all this power it runs as quietly as a watch.

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Local anesthetic for Minor Surgery. To be used on all mucous membranes of the body and mouth. Super-Caine differs from the old Gan-Aiden solution. Non-irritating. Produces immediate and deep anesthesia.

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Scientifically designed for the prevention and control of post-operative pain and infections—combines the local anesthetic and antiseptic in a bland absorbent base.

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PATIENTS WANT COMFORT  
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Extraction. Aids in relieving  
dental pain. Also . . . effective  
in relieving pain due to head-  
ache, neuralgia and neuritis.



Advertised only to the Profession. On  
sale at Druggists Everywhere in bot-  
tles of 100, 500, 1,000; also in tins of  
12 tablets each.

*Write*

TODAY FOR

**FREE PANODYNE SAMPLE SERVICE  
TO DENTISTS...ON REQUEST**

WILLIAM A. WEBSTER COMPANY, MEMPHIS, TENN., U.S.A.  
PHARMACEUTICAL MANUFACTURERS

"...unusually effective

Poloris Company  
12 High Street  
Jersey City, N. J.

Gentlemen:

In answer to your recent inquiry, I am pleased to be able to reply that I have found Poloris Poultices unusually effective for temporary pain relief in treating many cases of pericementitis.

I found them to be prompt in action and soothing in effect, tending to relieve the violent throbbing sensation symptomatic of this condition.

In my ten years of practice, Poloris has, in addition often proved itself valuable in allaying post-operative pain.

Very truly yours,

J. S. G.

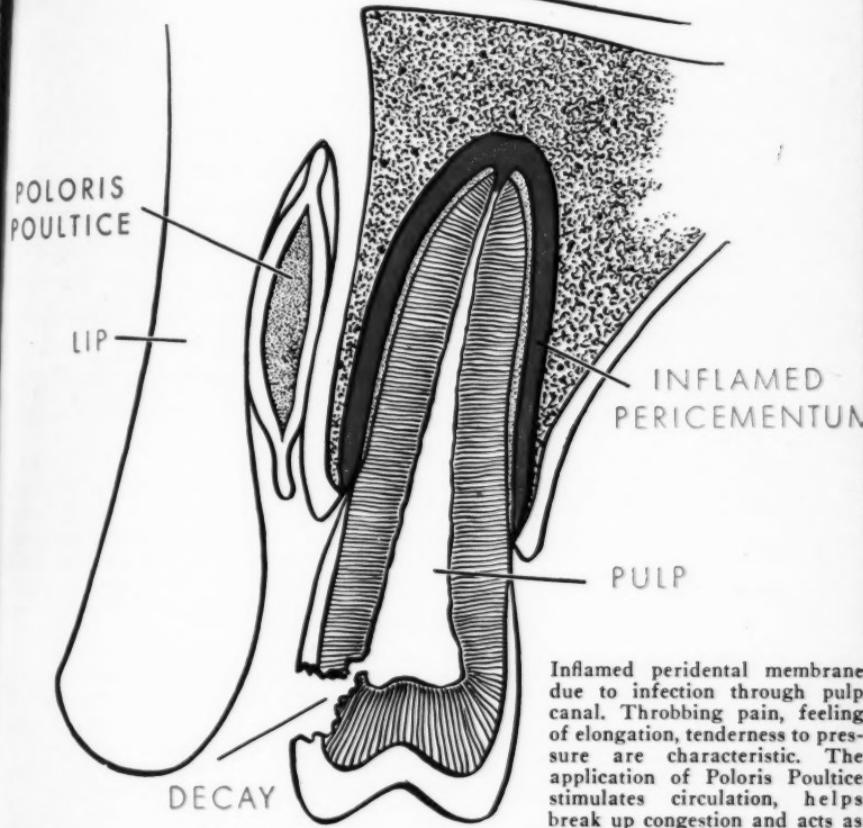
Letter in  
our files

Recent correspondence with leading dentists has revealed that, in addition to their value in the treatment of pain of Pericementitis, POLORIS DENTAL POULTICES are widely used by the Profession as a quick-acting anodyne in cases of gum inflammation and irritation, abscess, root-canal therapy, pre-operative preparation, post-operative pain, and for "telephone-treatment" of non-serious night calls. You may rest assured that when you prescribe POLORIS, relief is speedy and safe.

For FREE SUPPLY of these practice-building products . . . send your card or letterhead to Poloris Company, Inc., 13 High Street, Jersey City, N. J.



in relieving  
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ain  
**Pericementitis"**



Inflamed peridental membrane due to infection through pulp canal. Throbbing pain, feeling of elongation, tenderness to pressure are characteristic. The application of Poloris Poultice stimulates circulation, helps break up congestion and acts as a local anaesthetic.

Prescribe **POLORIS**

DENTAL POUULTICES FOR PROMPT PAIN RELIEF

# 'S.T. 37' Antiseptic Solution

A MODERN WEAPON AGAINST ORAL SEPSIS



HE ORAL SURGEON faces a unique problem; he must carry out surgical procedures, the success of which depends not only upon his skill, but also upon the absence of infection in one of the most highly infected cavities of the body—the mouth. In this he is aided by the defense mechanism and immunity of the patient's own tissues, but when these are traumatized, as occurs with even the most careful surgery, the tissue defense against infection is impaired. An antiseptic agent must be used, therefore, which not only kills bacteria, but which is not toxic to tissue and does not interfere with the natural defense mechanisms.

**'S.T. 37' Antiseptic Solution** is ideal for use in the oral cavity because of its high germicidal activity and the fact that its low surface tension facilitates its penetration into minute crevices and interstices. It is non-toxic and has been shown to possess the lowest tissue toxicity of all the commonly used organic antiseptics tested. It is germicidal in high dilution, is pleasant-tasting, odorless, colorless, and stainless.

**'S.T. 37' Antiseptic Solution** may be used as a spray either full strength or diluted with an equal part of water. For use as an irrigating solution it should be diluted with two or three parts of water. When used topically, it is applied full strength. As a wet dressing, a cotton pledge or gauze pad is saturated with the solution, full strength or diluted with one or two parts of water.

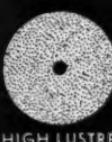
Because of its freedom from toxicity, '**'S.T. 37' Antiseptic Solution**' is well suited for home use by the patient, and the dentist may safely recommend this germicide for use between office treatments.

**'S.T. 37' Antiseptic Solution** (formerly Hexylresorcinol 'Solution S.T. 37') is supplied in convenient five and twelve-ounce bottles.

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SEPSIS



## CLEAN and POLISH

Teeth - Gold - Porcelain  
with

# BURLEWS

**Faster - Safer - Cleaner**

Can't scratch or spatter.  
The pumice is in the discs.

J. F. JELENKO & CO., Inc.  
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\$1.00 a Box  
Any style or  
Assorted.



## This little book will help you

It will help you save teeth which might otherwise be sacrificed. It presents Dr. J. P. Carmichael's Vapoform Therapy technique—about pulp capping and removal, and root-canal filling. It's about saving teeth.

Send the coupon and your card now.

GATES DENTAL PRODUCTS CO.

P. O. Box 6, Lancaster, Pa.

Please send "Vapoform Therapy" book, free.

Dr. ....

Address ....

Dealer ....

# VAPOFORM

## Many Dentists Claim that the **DR. BUTLER TOOTH BRUSH** is indispensable in their practice

1. It helps the patient to maintain an oral condition that reflects on their own operative skill.
2. Patients are so pleased with results obtained that they give full cooperation in the home.

### BLACK BRISTLE

is gaining in favor because it is tougher and stronger. Make your own comparison. Send 40c for two adult brushes. Choose one with our regular hard or extra hard unbleached bristle—the other with hard or extra hard black bristle. Then make your own comparison with other brushes!



**JOHN O. BUTLER CO.**  
7359 Cottage Grove Ave., Chicago, Ill.  
I enclose 40c for two brushes. Send me:

(Do not send checks)  
(Stamps or coin only)

**ARTIFICIAL**  
 Medium Bleached  
 Hard Bleached  
 Extra Hard Bleached  
(Artificial comes in bleached bristle only).

**NATURAL**  
 Medium Bleached  
 Hard Bleached  
 Extra Hard Bleached  
 Hard Unbleached

**NATURAL**  
 Extra Hard Unbl.  
 Bronze  
 Hard Unbl. Black  
 Extra Hard Unbl.  
 Black

Dr. ....

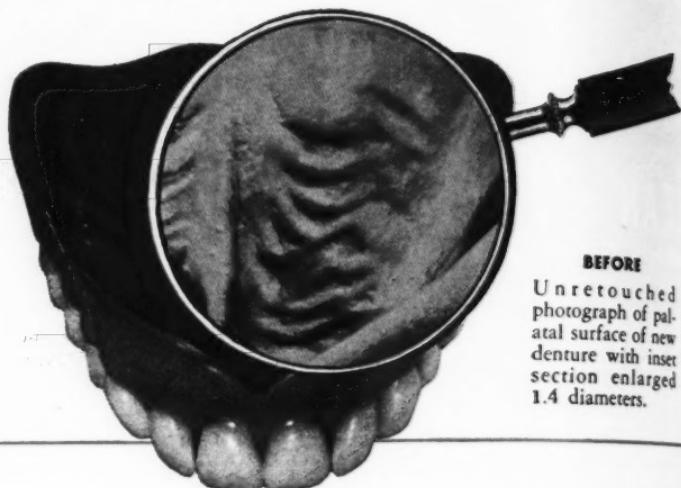
Address. ....

City and State. ....

**SEND  
THIS  
COUPON  
TODAY!**



OH-12-41



BEFORE

Unretouched photograph of palatal surface of new denture with inset section enlarged 1.4 diameters.

## *Abrasive Action of* ***DESTROY DENTURE FI***

ACTUAL PHOTOGRAPHS SHOWING ABRASION OF DENTURE MATERIAL AFTER 5,000 BRUSH-STROKES . . . USING:



HOUSEHOLD CLEANSER



POPULAR TOOTH POWDER



POPULAR TOOTHPASTE



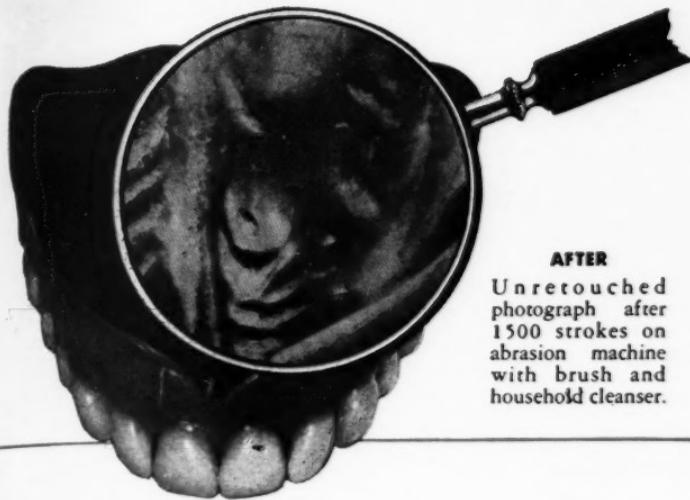
BRUSH ALONE

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**AFTER**

Unretouched photograph after  
1500 strokes on  
abrasion machine  
with brush and  
household cleanser.

# *tion of **BRUSHING** may **REFIT... New Tests Reveal***

Household Cleansers, Most Dentifrices,  
Even Brushing With Soap and Water Destroys Surfaces  
Vital to Perfect Suction

The destructive effects of cleaning full dentures by common brushing methods are revealed graphically by this series of tests on vulcanite and acrylic denture materials—materials softer than dentine.

In above photograph, 1500 strokes and—in each case in box, at left, 5000 strokes—produced the damaging results shown in these magnified photographs. Vital convolutions and surfaces essential for correct fit and comfort were worn away . . . nullifying the painstaking

work of the prosthodontist.

These tests show clearly why thousands of dentists prescribe POLIDENT for cleaning all plates and removable bridges. POLIDENT *dissolves* mucin, tarnish, food-debris . . . *soaks* dentures clean, sweet and pure without danger from harsh abrasives or acids.

**WRITE FOR YOUR FREE SUPPLY!**  
Hudson Products, Inc., 222 W. 19th St.,  
New York, N. Y.

# **POLIDENT**

The **SAFE** brushless cleanser



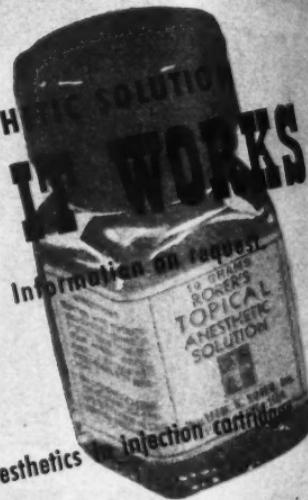
Approved and recommended by leading makers of Acrylic Resin.

RORER'S TOPICAL ANESTHETIC

Offered in 10 gram bottles. Information on request.

WILLIAM H. RORER, INC.  
Established 1910  
254 South 4th Street  
Philadelphia, Pa.

Manufacturers of dental anesthetics



## Crescent Webbed Polishers

provide GREATER,  
more efficient  
polishing surface

- Made of flexible long life rubber
- Retain abrasive while in use
- Are smooth and gentle, yet powerful
- Are permanently mounted, will not slip off



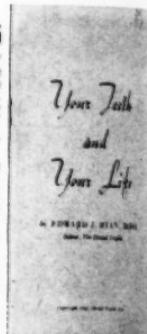
Pat. Sept. 14, 1937

CRESCENT DENTAL MFG. CO.  
1839 S. Crawford Ave., CHICAGO

### More Ways Than 5

There are many ways you can use YOUR TEETH AND YOUR LIFE in practice. Here are 5 of them:

1. As a monthly statement enclosure
2. Reception room use
3. Patient distribution upon dismissal
4. Dental Societies and Parent-Teacher Association groups
5. Enclosure with patient recall cards. Prices are low—25 for \$1.00; 100 for \$3.00. Use coupon order form



The Dental Digest  
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Pittsburgh, Pa.

Here is \$..... covering ..... copies of  
YOUR TEETH AND YOUR LIFE.

Dr. ....

Address .....

City .....

**Q-T-NO**  
QUALITY  
**Model-D**

For Years  
The Favorite Brush  
of Dentists  
Who Care



- Extra Long Handle
- Stiff Unbleached Bristle
- Re-inforced End Tuft
- Holds its shape

**Use coupon today**

Your name stamped in gold on this personal sample. Get full details of this remarkable brush with price quotations for office dispensation. (Send 20c for sample brush to cover mailing cost).

**THE CUTINO COMPANY, 807 Wyandotte St.  
Kansas City, Missouri**

For enclosed—cents, please send—Q-T-NO  
Model D Brushes—row. (No more than 2 at  
20-cent price each.)  
(Specify 2 Row, 3 Row, Junior Childs)  
Please also send data and price list.

Dr. ....

Address .....

.....

Druggist .....

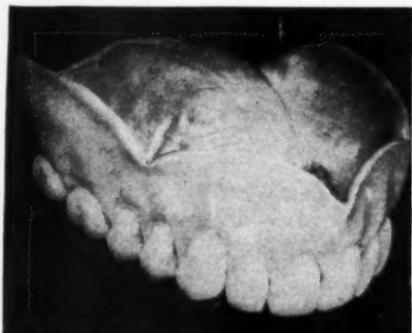
## ONLY ONE RUBBER NEEDED!

The use of two rubbers—one for the base and one for the facing—was at best a makeshift. In the past a rubber of an attractive color could not be made that had strength enough for the base. Now this problem is solved by

**No. 40L TRAUN'S NEW TOUGH PINK**

*The Perfect Full Denture Pink*

It has the strength necessary for the base, and it has also the delicate gum-pink shade which will satisfy even the most exacting patients. *You can even use it for partials!*



No solarizing required.

Order a trial package from your dealer, or send the coupon to us.

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*Successors to Traun Rubber Co.*

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Dept. OH-41012

Enclosed \$1.00 for liberal sample package of **Traun's New Tough Pink No. 40L.**

Dr. ....

Address .....

# "SHUCKS!"

IT  
DIDN'T  
HURT  
A  
BIT"



### NOVOTHESIA DICKS

is a non-toxic local anesthesia, producing numbness when placed upon mucous surfaces. Will kill germs in 15 seconds without destruction of tissue. Send for your free sample; it will convince you.

**Specialty Products Company**  
429 Bourbon St.  
New Orleans

# MASEL



# GOLD TEETH

### FOR DENTURES

Masel Gold Teeth will help make your dentures defy detection.

They are made of extra thick 22K gold. The beautiful shape of Masel Gold Teeth has been its big selling point for years.

Prices of Masel Gold Teeth range from \$1.50 to \$2.00.

You will find that they can be easily adjusted to fit any Acrylic or Vulcanite denture.

Write for literature and dealer nearest you.

**ISAAC MASEL CO.**

1108 Spruce St., Philadelphia, Pa.



### New Plan! BUCCAL BRACKETS New Approach!



Pat. No.  
1970474

(FRANKLIN)  
Designed wholly to abate the floating full lower artificial denture and the consequent make-over abuse, the Buccal Brackets do just this as a regular feature of honor bright denture building.

Practice Builders—Practice Holders!  
\$1.00 per set (with instructions) by P. O. Money Order or cash.  
**THE FRANKLIN EXPERIMENT LABORATORY**  
Quincy, Illinois  
(Attention W. Franklin Richards, D.D.S.)

**ALL A. C. CLARK EQUIPMENT PARTS**

Now is a good time to recondition your CLARK Equipment

Work fully guaranteed.  
We welcome your inquiries. No obligation for estimates.

GLAZBROOK BROS. DENTAL SERVICE SHOP  
7225 Wentworth Avenue Chicago, Ill.



Vacuum  
Massage

### RIGHT... ON THE Gums

#### THE DENTICATOR Gum Massager

—A TYPE FOR EVERY INDICATION—

REG. U. S. PAT. OFF.

Rubber

TYPE "C"

LENGTH 7 1/4 INCHES

Rubber

Same Dental Cups and Tips as used Professionally by thousands of Dentists for Cleansing-Medicating-Massaging. Used successfully by patients between office visits in Prevention and Treatment of stubborn cases of Gingivitis-Pyorrhea-Trench Mouth.

Made in U.S.A.

**THE DENTICATOR CO.**



Interdental  
Stimulation

Sold by Dental Supply Dealers  
and Drug Stores Everywhere

TO TRY—SEND FOR  
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MANUFACTURERS • DISTRIBUTORS • EXPORTERS

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GOLD  
TEETH

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Cynics would have us believe that the world as we once knew it is done-finished. We don't agree. Will a little child cease to have faith? Will such words as "character" and "integrity" lose their meaning?

Basically man has not changed. In business, too, there are certain unchanging fundamentals that a man can believe in. And heading the list is this—the priceless ingredient of every product is the honor and integrity of its maker.

Here is a partial list of products made by Squibb, which are especially valuable for dental use, which you can believe in.

**SQUIBB DENTAL CREAM.** Safe, effective and refreshing to use. Made from Squibb Milk of Magnesia—a fine antacid. Free from any ingredient harmful to the teeth or gums.

**SQUIBB TOOTH POWDER.** For those who prefer powder. It is just as effective as Squibb Dental Cream—and enjoyable to use.

**SQUIBB ANGLE TOOTHBRUSH.** The small brush head is mounted on a slim metal shank, bent at an angle like your mouth mirror. Designed to make it easier to reach less accessible surfaces of the teeth.

**SQUIBB ORAL PERBORATE.** A free-flowing, pleasantly flavored preparation of sodium perborate. May be used on a toothbrush or in solution as a mouth wash, when indicated.

**SQUIBB DENTAL LOTION.** A mildly astringent, refreshing anise-flavored mouth wash for routine use.

**SQUIBB ANTISEPTIC SOLUTION.** An effective and useful agent in oral hygiene. May be used as a gargle or spray in helping to relieve mouth and throat irritations.

*For literature on Squibb Products for the Dentist  
address Dental Division, 745 Fifth Avenue, New York*

**E·R·SQUIBB & SONS, NEW YORK**  
MANUFACTURING CHEMISTS TO THE MEDICAL AND DENTAL PROFESSIONS SINCE 1858

10c per word, initials and figures used each counting as one word. Please send remittance with your order.

## WANT ADS

Restricted to help wanted positions wanted, no practices wanted, no practices for sale. No minimum charge is \$1.

**FOR SALE:** Practice and Ritter equipment and x-ray due to death of Dr. James B. Reynolds, Luzerne, suburb of Wilkes-Barre, Pennsylvania. Priced for quick sale, or terms to responsible buyer. Mrs. J. B. Reynolds, Luzerne, Pennsylvania.

**FOR SALE:** Dental practice in small city Central Illinois. Retiring. Reasonable. "V" Oral Hygiene, Pittsburgh, Pennsylvania.

**WANTED TO BUY LOCATION** in Wisconsin or Oklahoma; or partnership. "D" Oral Hygiene, Pittsburgh, Pennsylvania.

**FOR SALE:** Office located one of best industrial Ohio cities; population fifty thousand. Receive large fees. Low rent. Reason for selling; have outside interests. Can arrange terms. "BC" Oral Hygiene, Pittsburgh, Pennsylvania.

**THREE DENTISTS WANTED:** Illinois licenses. \$175 to \$200 a month. Permanent connection for right men. "AR" Oral Hygiene, Pittsburgh, Pa.

**DENTIST WANTED:** All around operator with Montana license. Must be good extractor. Good salary and a steady position. Dr. E. E. Edmonson, Great Falls, Montana.

Partner or associate wanted by successful Philadelphia dentist. Must have Pennsylvania license. Excellent opportunity for recent graduate. Correspondence strictly confidential. "U" Oral Hygiene, Pittsburgh, Pa.

**FOR SALE:** Very busy practice located in estate section near Philadelphia. Five room suite with two fully equipped modern operating rooms. Low overhead. Doing fourteen thousand dollars annually. Price nine thousand dollars. Terms. Rare opportunity. "JK" Oral Hygiene, Pittsburgh, Pa.

**FOR RENT:** Fully equipped operating room. Full or part-time basis. Beautifully furnished suite in the Paramount Building, New York, N. Y. Chickering 4-4488.

**DENTIST WANTED** for city practice. Trainee license. Must be good in exodontia and operative work. "AC" Oral Hygiene, Pittsburgh, Pa.

**FOR SALE:** Dental practice in good Illinois town doing good business, about five thousand patients. Reason for selling; have to get out of dentistry. "G" Oral Hygiene, Pittsburgh, Pa.

**OPPORTUNITY** for young man to buy out New York state practice on percentage basis. No down payment. Good income assured from start. Equipment two years old. "NY" Oral Hygiene, Pittsburgh, Pa.

**YOUNG DENTIST** wishes to associate with a buy out practice of older practitioner in California. "YX" Oral Hygiene, Pittsburgh, Pa.

Practices furnished and sold, locations, partnerships; all states. F. V. Kniest, 1537 S. 29th St., Omaha, Nebr.

**SELLING YOUR PRACTICE:** Why not use the classified columns of The Dental Students' Magazine; circulation of 10,750 monthly, includes students of all classes in dental schools in U.S.A. and Canada; together with 3400 recent graduates of 1940 and 1941 many of whom are now looking for a location such as you have to offer. Rates \$2.50 for 50 words or less. Cash with order. Address Dental Students' Magazine, Palmolive Bldg., Chicago, Illinois.

**FOR SALE:** Non-competitive dental practice; 4000 Northeast Oklahoma. Going to specialize. Two thousand population. "H" Oral Hygiene, Pittsburgh, Pa.

**DENTIST WANTED:** Registered Ohio, good salary to high class operator. Busy office get top prices for all work. "LO" Oral Hygiene, Pittsburgh, Pa.

*invites you . . .* to try superior rubberized abrasives for fine grinding and polishing. There is no expense involved. Merely paste this ad on a penny postcard, indicating your preference, and mail. You have tried the rest, NOW TRY THE BEST. You'll be convinced at our expense. That's our guarantee.



*The World's Best Rubberized Abrasives for Fine Grinding and Polishing*

Send for free sample today, or if you prefer send \$1.00 for special 33 wheel assortment.  
**CRATEX MFG. CO.**

81 Natoma Street, San Francisco, California

## Your card brings it free—

a generous 30-treatment sample of PUSTOLENE—famous for 40 years as the really effective and dependable root canal filling, abscess remedy and nerve capper. J. A. SPRAGUE & Co., 325 19th Ave., Columbus, Ohio.



Send for

**FREE CATALOG OF CASTLE STERILIZER EQUIPMENT**  
giving Hospital Sterilization Safety in your own office. Wilmot Castle Co., 1101 University Ave., Rochester, N.Y.





## A Message from a Lady with Dental Chair Nerves

"I am intelligent enough to know that I should have gone to a dentist several months ago. But the memory of experiences in a dental chair has prevailed against my better judgment. Now I have to see a dentist and I dread the thought of the grinding, drilling and probing. I have a bad case of dental chair nerves. If the dentist can do anything about that, he will get a good regular patient, and he will make life a lot easier for me."

Her future history as a dental patient depends upon *this* dental chair experience. Everyday McKesson Easor analgesia is changing the attitude that so many people have toward dentistry. Once these people learn that dental treatment need not be an experience to dread and *put off*, they become regular and loyal patients. A McKesson Easor for nitrous oxid analgesia is a dividend-paying investment because it gets to the heart of the practice promotion problem. *It makes dental treatment easier and more inviting.*

Without obligating you in any way, we will be glad to send you complete information. Return the coupon.

**McKESSON APPLIANCE CO.  
Toledo, Ohio**

O.H. 12

Please send me complete information on the Easor.

Dr. ....

Address .....

City ..... State.....



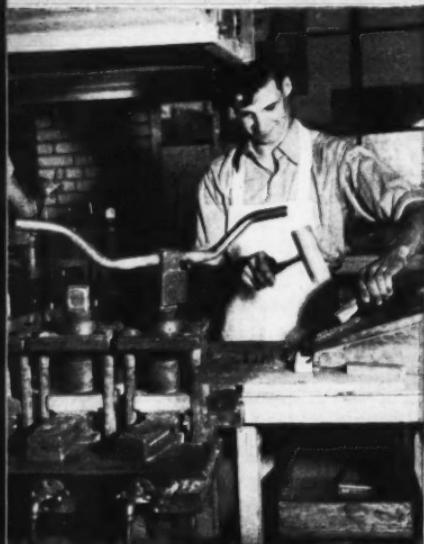
Above

1 **THIS MODERN BUILDING** provides perfect lighting and ventilation. Only under ideal working conditions can such high perfection in finished product be obtained.



Above

2 **QUALITY RAW MATERIAL** is essential to perfection in final exact teeth. Often, less than 1% of material inspected meets Ideal standards.



Above

7 **HOT BISCUITS** is what teeth are called when first knocked out of the mold. The material, before it is molded, is called "dough."

Below

8 **TAKING THE READINGS** and checking the heat curve in the firing of Myerson Teeth.

## GREATER NATURALNESS IN TEETH IS ACHIEVED IN THIS NEW MODERN PLANT

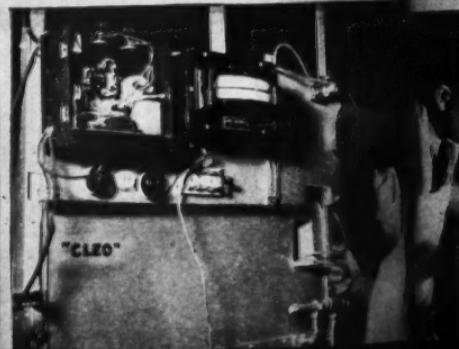
The quality of any product depends upon many things. These pictures show a few of the reasons why Dr. Myerson's tooth products have become the world's standard. But back of all this is the creative genius of Dr. Myerson, who believes that nothing is so good that it cannot be made better.

This unending search for perfection, coupled with the unequalled production facilities of the Ideal plant shown here, has given to the dentists of America facilities for the finest denture restorations in the world. Every step, from research to production, has been directed toward the end of Greater Naturalness.

**IDEAL TOOTH INCORPORATED**  
CAMBRIDGE, MASSACHUSETTS

Below

9 **HEAT TREATMENT**, an important manufacturing step, is controlled here. This machine, too, is Ideal designed and built. Worker has pet name "Cleo" for the machine.



Below  
IDEAL'S  
fully eq  
shop  
tools  
in too



### **Above**

**ANOTHER IDEAL DEVELOPMENT.** The powerful electromagnet shown removes metallic impurities. A final washing takes away even fine dust.



## **WHY CHINA-WARE TEETH ARE GONE FOREVER!**

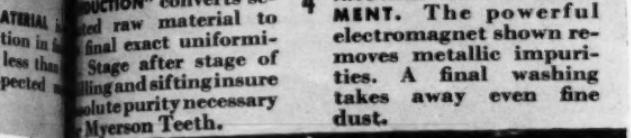
AM highly gratified at the world-wide response to my contribution to dental art and science. Already in the few short years the old type of tooth has been almost completely discarded. The letters I have received from denture specialists and dental practitioners are no small part of my reward.

It is a considerable achievement to have disposed for good and all of the Chinaware teeth of yesterday, teeth so easily detectable. These teeth are now completely replaced by my type of teeth which escape detection even by experts. I hope to do still better.

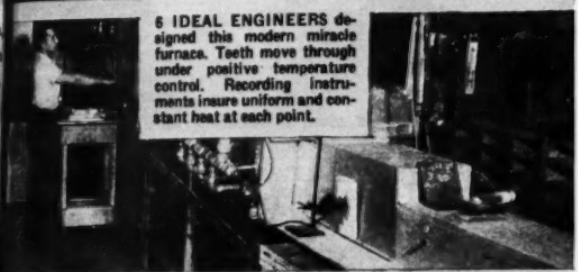
Recently at a Massachusetts dental convention, over 360 dentists were asked to pick out artificial teeth in a partial restoration, involving only the six anterior. This selection was done at a distance of approximately 12 to 18 inches under a spotlight and less than 15 per cent of the dentists made the correct selection. What a tribute to the great naturalness of these teeth when even dentists cannot tell!

Although the basic principles of Myerson teeth have been widely imitated, their high degree of naturalness has not been achieved by imitators, because this perfection is based on many characteristics and unequalled production facilities. Minute irregularities, stains, cracks, erosions, and, if desired, simulated synthetic fillings, all play their part. The artistic balance of these many characteristics is maintained by the splendidly equipped factory and its especially developed equipment. Every step in manufacture is scientifically guided by men of long experience who take pride in the production of these beautiful teeth and who appreciate the finely equipped factory in which they do their work.

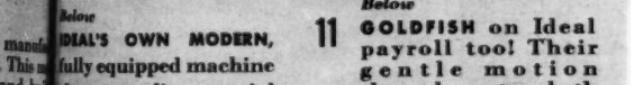
*Simon Myerson*  
Dr. Myerson's Patents  
2202712 2202713 2230164



**5 OLD TYPE FURNACE.**  
No scientific control, hence  
results uncertain. Only one  
batch at a time . . . and the  
heat terrific.

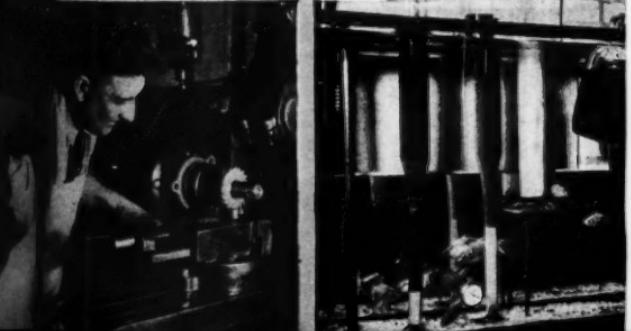


**6 IDEAL ENGINEERS** designed this modern miracle furnace. Teeth move through under positive temperature control. Recording instruments insure uniform and constant heat at each point.



### **Below**

**GOLDFISH** on Ideal payroll too! Their gentle motion through water bath helps maintain essential perfect uniformity of temperature.



**Below**  
**IDEAL'S OWN MODERN,**  
fully equipped machine  
shop supplies special  
tools and dies needed  
in tooth manufacture.

# WHO'S WHO AND WHERE

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## When SOLID FOODS Present Difficulty

During the days following exodontia and other types of oral surgery, when mastication of solid foods not only presents difficulty but also leads to further traumatization, Ovaltine is a valuable aid in solving the problem of maintaining the nutritional state of the patient.

Nutritious, rich in vitamins and minerals, New Improved Ovaltine supplies quickly utilized caloric energy in balanced form. The proteins of this pleasant food drink are of high biologic value, and its carbohydrate and well emulsified fat are readily absorbed. It is digested with remarkable ease, and its palatable taste rarely jades the appetite, no matter how frequently

during the day it may be taken.

In the aim toward optimum nutrition, as a means of arresting or preventing dental caries, Ovaltine can play a significant role.

The recommended three daily servings of New Improved Ovaltine, made according to directions, each with 8 oz. of milk,<sup>\*</sup> provide:

PROTEIN . . . . .	30.00 Gm.
CARBOHYDRATE . . . . .	66.00 Gm.
FAT (well emulsified) . . . . .	31.95 Gm.
CALCIUM . . . . .	1.05 Gm.
PHOSPHORUS . . . . .	0.903 Gm.
IRON . . . . .	11.9 mg.
COPPER . . . . .	0.75 mg.
VITAMIN A . . . . .	2953 I. U.
VITAMIN D . . . . .	432 I. U.
THIAMINE . . . . .	302 I. U.
RIBOFLAVIN . . . . .	1.28 mg.
PANTOTHENIC ACID . . . . .	4.8 mg.
PYRIDOXINE . . . . .	0.21 mg. <sup>†</sup>

\* Based on average reported values for milk

† Provided by the dry Ovaltine itself

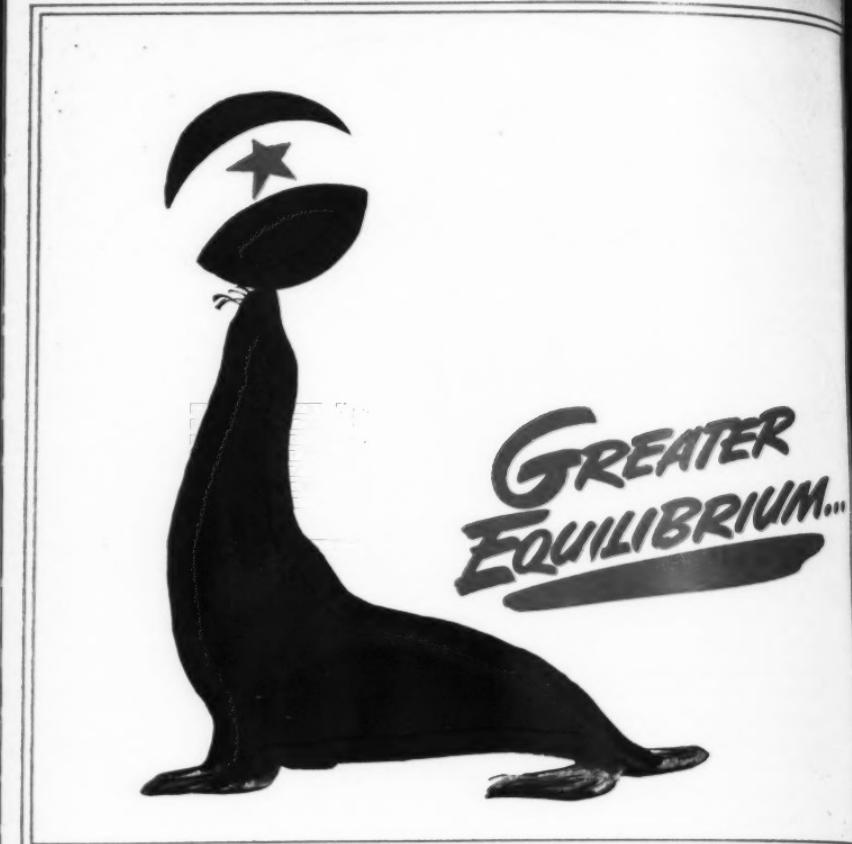
NEW IMPROVED

# Ovaltine

2 KINDS—PLAIN AND CHOCOLATE FLAVORED  
Ovaltine now comes in 2 forms—plain, and sweet chocolate flavored. Serving for serving, they are virtually identical in nutritional value.

Dentists are invited to send for individual servings of New Improved Ovaltine. The Wander Company, 360 North Michigan Avenue, Chicago, Illinois.





## **... under operating conditions**

Because of structural instability . . . some silicate liquids tend to gain—or lose—moisture every time the bottle is opened. This lack of equilibrium between the constituents of the liquid vitally affects the setting time of the mix as well as the quality of the final restoration.

Certified Enamel liquid, with its inherent

stability and greater equilibrium, withstands the rigors of routine office use so successfully that the last mix in the bottle sets as promptly as the first . . . in January or July. That's why satisfactory results are more constant with Certified Enamel Improved . . . the rule, rather than the exception.

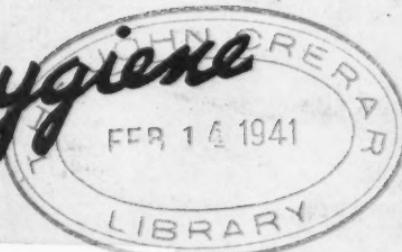
LEE S. SMITH & SON MFG. CO., PITTSBURGH, PENNA.

**CERTIFIED ENAMEL Improved.**



*In this issue: The Malignant Art of Eyebrow Shrugging*

# Oral Hygiene



Washington, D. C. scene of Five State Post  
Graduate Clinic, March 9-13.

VOL. 31 • FEBRUARY, 1941 • NO. 2



# Precision

Every one of the many parts which make up a Sani-Terry Handpiece is accurately made and accurately adjusted to its joining parts. All bearing surfaces, both movable and stationary are hardened steel.

Sani-Terry Handpieces are smooth in operation, true-running, free from unnecessary vibration. They cause less discomfort for the patient and less fatigue for the operator and they retain their good qualities for a long time.

*Sani-Terry*  
HANDPIECES

THE *Cleveland* DENTAL  
MANUFACTURING COMPANY  
CLEVELAND, OHIO • U.S.A.

this issue: Skill Alone is Not Enough

MARCH, 1941



Clark J. Hollister, Executive Secretary of the Pennsylvania State Dental Society.

# Oral Hygiene



THEY WILL ALWAYS

*Sparkle!*



CLEV-DENT STAINLESS  
STEEL FORCEPS sparkle when

they are new. They will still sparkle after years of service. After hard use and repeated sterilization they are still bright and shining.

There is no plating to peel from Clev-Dent Stainless Steel Forceps. Their joints will never become tight to operate easily. They will not stain, tarnish or corrode and the finest details of the original design will be retained.



THE *Cleveland* DENTAL  
MANUFACTURING COMPANY  
CLEVELAND, OHIO • U. S. A.

*In this issue: "I'm Going to be Better to My Patients"*

THE JOHN CREECH  
LIBRARY  
2 1941  
*Oral Hygiene*



R. Gordon Agnew, D.D.S., research pathologist,  
West China Union University, Chengtu, China.

VOL. 31 • APRIL, 1941 • NO. 4

# PROTECTED

at all points



Contra-Angle U  
Right-Angle R  
or the  
Sani-Terry  
Contra-Angle  
may be used  
with the  
Sani-Terry  
Handpiece.



*Sani-Terry*  
**HANDPIECES**

The long, parallel, hardened steel bearing at the front of the spindle is one of the improvements in design which account for the unusual resistance to wear of Sani-Terry Handpieces. This and a similar bearing at the back of the spindle are accurately ground and fitted to hardened bearings inside the sheath. All lateral movement of the bur is eliminated.

THE *Cleveland* DENTAL  
MANUFACTURING COMPANY  
CLEVELAND, OHIO - U.S.A.

In this issue: "I Was a Dental Patient in an American Prison"



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JAPAN  
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# Oral Hygiene



## Skill plus Equipment

Whether you cast a fly for the elusive trout or cast gold into a mold for an inlay, crown or denture, it is a combination of skill and equipment which produces the desired result.

The PERFECTION CASTING MACHINE will give full cooperation to your skill in producing any cast restoration. It is very simple to operate and dependable for results.

With the addition of Akers' flasks and counter-weight partial and full dentures may be cast with the Perfection Casting Machine.

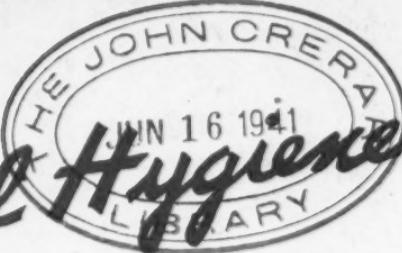
*More information on request*



THE *Cleveland* DENT  
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CLEVELAND, OHIO • U.S.A.

In this issue: "Are You Interested in More Patients?"

# Oral Hygiene



Percy C. Lowery, Chairman, Research Commission  
of the American Dental Association.

VOL. 31 • JUNE, 1941 • NO. 6



# Sani-Terry HANDPIECES

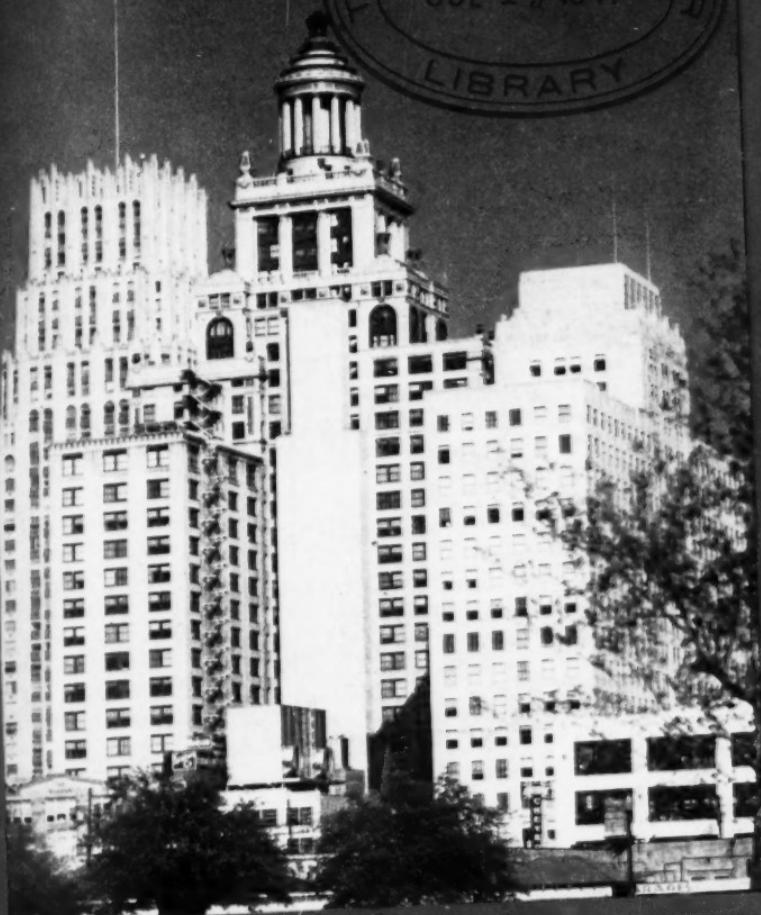
ASK ANY PATIENT what dental operation he dreads the most. In nearly every case he will speak feelingly of the "drill."

Most of his discomfort may be avoided if the "drill" is running truly and smoothly and without unnecessary vibration in a Sani-Terry Handpiece.

Improvements in design and the accuracy with which they are made insure the smooth operation of Sani-Terry Handpieces. Their good qualities endure for a long time because of their unusual resistance to wear.

THE *Cleveland* DENTAL  
MANUFACTURING COMPANY  
CLEVELAND, OHIO • U.S.A.

In this issue: "You Can't Use Your X-Ray Too Much"



# Oral Hygiene

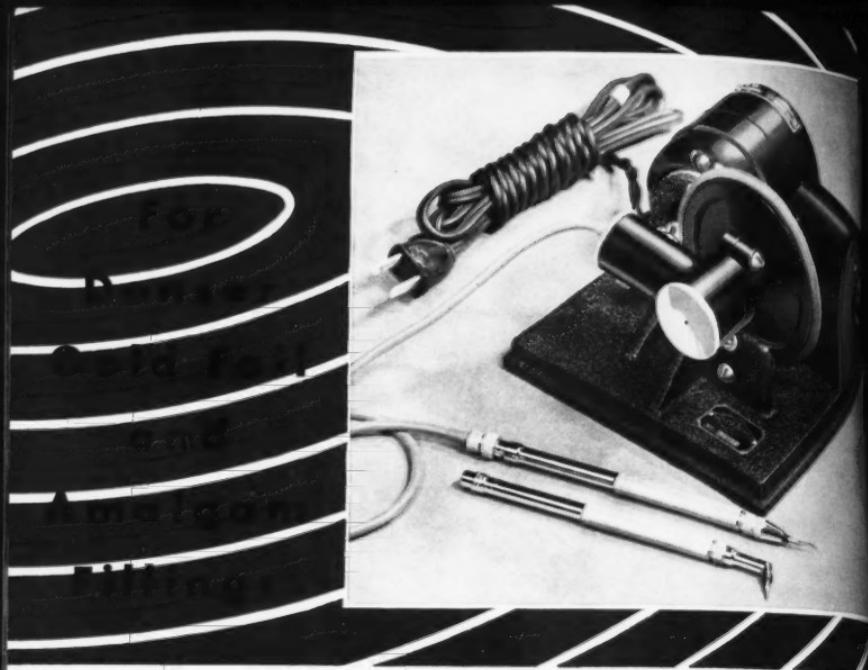
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## The PNEUMATIC CONDENSER

Designed by

Dr. Geo. M. Hollenback, D. D. S.  
. A. C. D., of Los Angeles, Calif.

Both gold foil and amalgam condenses with the Pneumatic Condenser show marked increase in hardness and tensile strength over specimens condensed by other methods.

Mercury content, setting expansion and flow of amalgam are decreased. Adaptation is improved.

Less time is required to condense a filling with the Pneumatic Condenser. There is less discomfort for the patient and less fatigue for the operator.

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CLEVELAND, OHIO • U.S.A.

Owl Hygiene for August 1941

**JOHN C. REED**

ORAL HYGIENE

**Guarding the Dental Health  
of the Nation**

By C. Lyons 2-2-S 12-1941

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**BENTISTRY WINS ANOTHER BATTLE**

**TECHNIQUE OF THE MONTH**

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**SPEND TODAY TO SAVE TOMORROW** by E. C. West 2-2-S

**Oral Hygiene**

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DENTAL  
COMPANY  
• U. S. A.

# ACCURATE

SMOOTH IN OPERATION  
TRUE - RUNNING



## Sani-Terry

### HANDPIECE and CONTRA-ANGLE

Because they are made with accuracy, Sani-Terry Handpieces run truly and are smooth in operation. They retain these good qualities for a long time, as resistance to wear is provided at every point where wear is usually first to occur in a handpiece.

### CLEV-DENT CONTRA-ANGLE

The Clev-Dent Contra-Angle Unit is accurately made and free from unnecessary vibration. It may be used with the Sani-Terry Handpiece and all other cord handpieces.

THE *Cleveland* DENTAL  
MANUFACTURING COMPANY  
CLEVELAND, OHIO • U.S.A.

In this issue: Dentistry Meets the Galaxy



# Oral Hygiene

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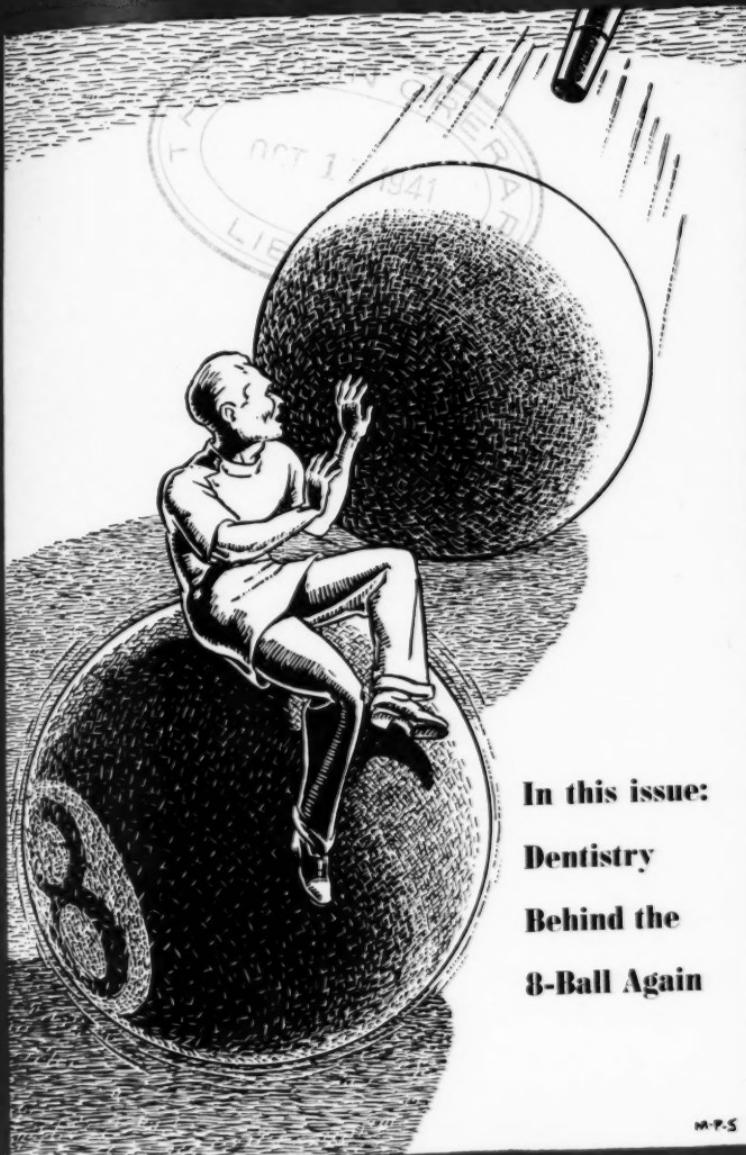
# PERFECTION

## A *Dependable* CASTING MACHINE

After the preliminary steps are taken in the production of any cast restoration, you can depend upon the Perfection Casting Machine to give you full cooperation in the casting procedure. With the addition of Akers flasks and counterweight, dentures and other large castings may be made. The Perfection Casting Machine is simple to operate, dependable for results, very reasonably priced.



*Cleveland*  
MANUFACTURING COMPANY  
CLEVELAND, OHIO • U.S.A.



In this issue:  
**Dentistry**  
**Behind the**  
**8-Ball Again**

# Oral Hygiene



LONG, PARALLEL  
BEARINGS  
INSURE  
*Long Wear!*

*Sani-Terry*  
HANDPIECES

Lateral movement between sheath and spindle of the Sani-Terry Handpiece and Sani-Terry Contra-Angle, is prevented by accurately ground and fitted parallel surfaces at both front and back. While these handpieces run freely and without binding, they also run true. The long parallel bearings increase resistance to wear by distributing it over a greater area.

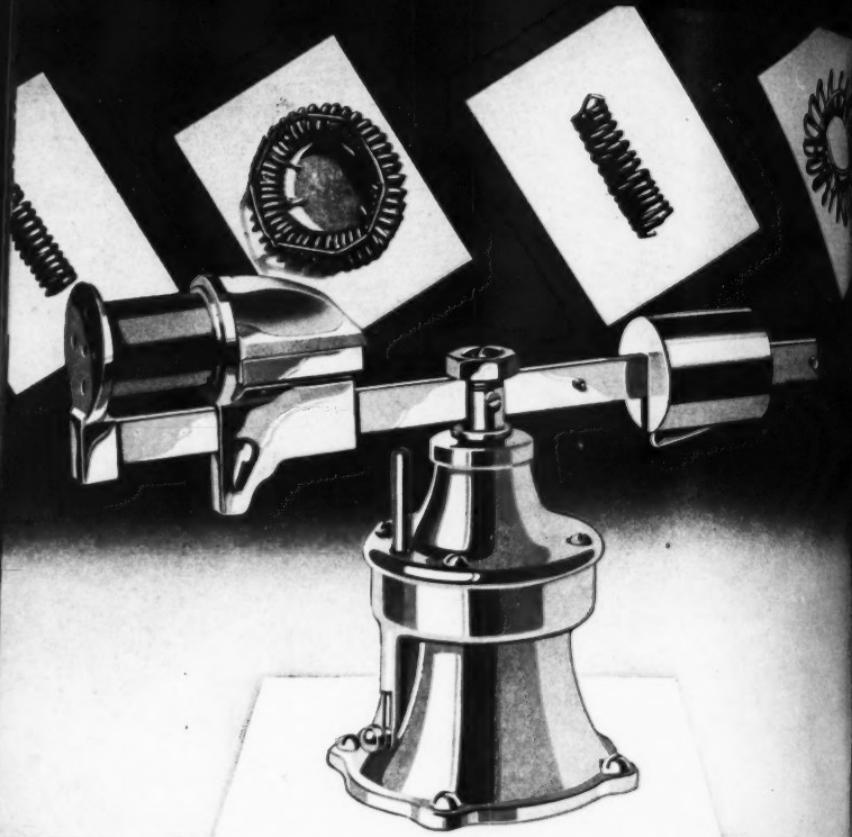


THE *Cleveland* DENTAL  
MANUFACTURING COMPANY  
CLEVELAND, OHIO

In this issue: Let's Do Something About Reciprocity



# Oral Hygiene



**It is as simple as ABC to Cast with  
PERFECTION**

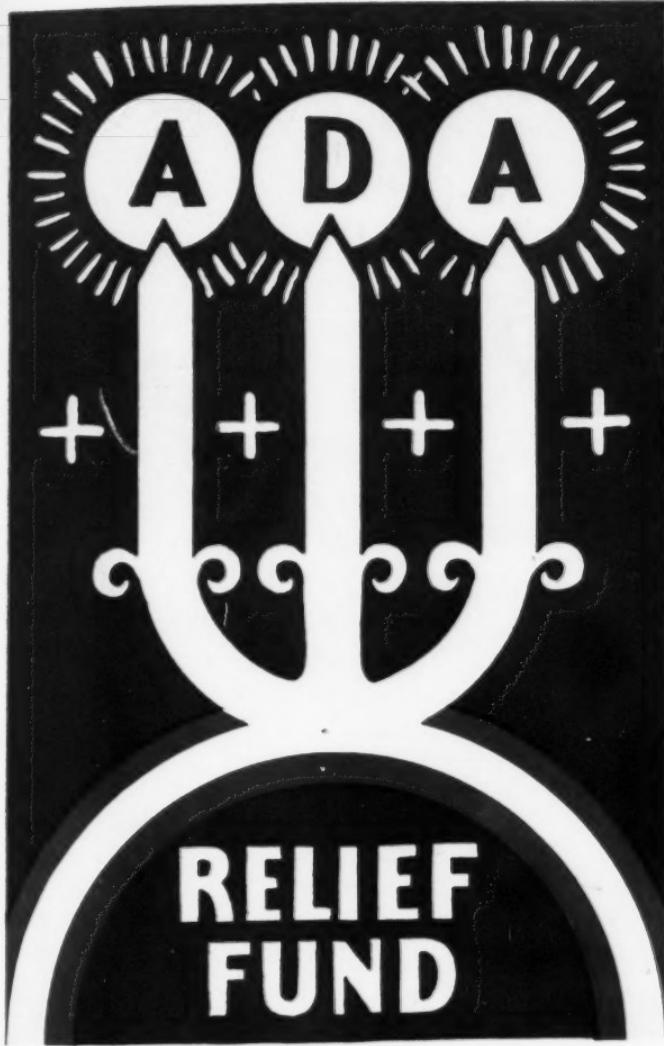
The operation of the Perfection Casting Machine is simplicity itself. The spring in the base is wound by turning the arm. The gold is melted in the crucible. The arm is released and centrifugal force throws the metal into the mold. Results are dependable.

With Akers flasks and counterweight partial and full dentures may be cast with the Perfection Casting Machine.



THE *Cleveland* DENTAL  
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In this Issue—Please Read—Or Just



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PANY  
S. A.

*Oral hygiene*



**LOOK AT YOUR HANDPIECE**

*Through your  
Patients' Eyes!*

More than all other instruments and appliances in the dentist's armamentarium, the patient dreads the handpiece. As it hangs before his face, his apprehension is increased if it is worn and dingy in appearance.

*Sam-Jerry*  
**HANDPIECES**

keep their bright new appearance for a long time. They also retain their freedom from unnecessary vibration and will cause the patient a minimum of discomfort.



THE *Cleveland* DENTAL  
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CLEVELAND, OHIO • U.S.A.



## base OF MANIPULATION

and unfailing service are essential characteristics you demand of a gold. SPYCO MEDIUM INLAY\*, a medium hard platinized gold is easy to cast, easy to finish and to burnish; indicated for  $\frac{3}{4}$  crowns, inlays and bridgework.

\*Formerly designated Hard.

Price \$2.00 dwt. at your Dealer.

**SPYCO SMELTING & REFINING CO.**

51-57 SOUTH THIRD STREET  
MINNEAPOLIS, MINN.



SHIP US  
YOUR SCRAP  
THROUGH  
YOUR DEALER



# GINGIVAL NOURISHMENT May Get Blocked



Fresh fruits and vegetables yielding vitamins, minerals, alkaline salts and other nutrients may fail to supply the gingivae if local capillary circulation is inadequate.

IPANA and massage help to invigorate capillary blood flow, to improve gingival vitality. Sturdy gums usually mean lower incidence of tooth disease.

For cleaning and polishing the teeth, you patients couldn't find a more thorough and gentle dentifrice than ...

## IPANA TOOTH PASTE

Samples of IPANA speeded to you upon request.

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